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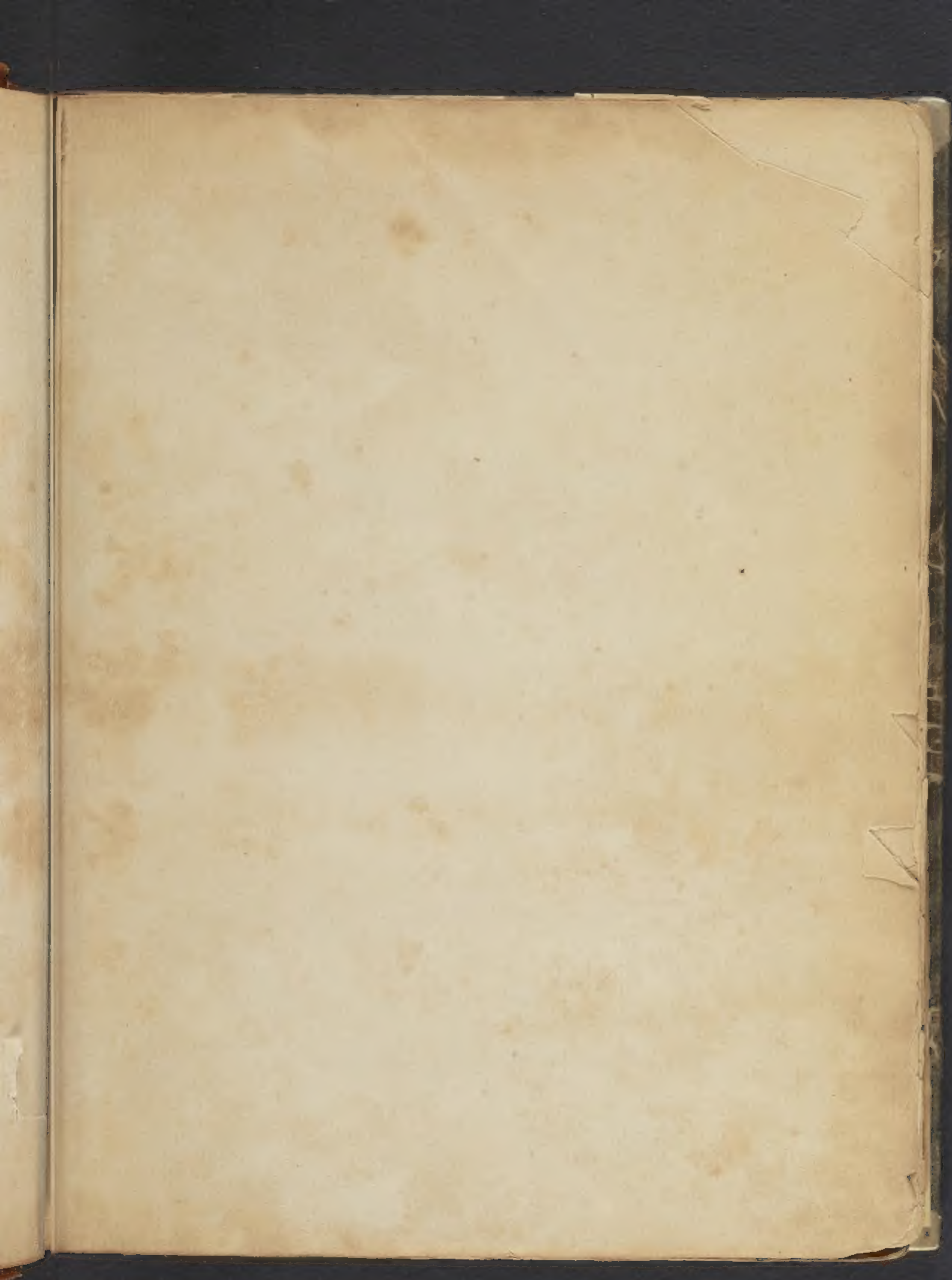


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Surgical Lectures

by

Philip Syng Physick

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16 On Dislocations - Lower Jaw. Clavicle, Os Humeri.

16. Dislocations - Lower Jaw. Clavicle, Os Humeri.
17. Dislocation of Fore Arm - Os Femoris.
18. Injuries of the Head - Sec. 19. Diseases of the Eyes.
20. of Cataract - Sec. 21. of Albugina - Pseudoecle, Strabismic.
22. of Hydrocele - 23. of Lithotomy.
24. of Amputations. Monochotomy, Ascites,
25. of Aneurisms. True and False, Cancer.
26. of Fistula in Ano. Haemorrhoids.
27. Fracture in the Urethra, Scirrhous, Mammary, Testicle, Femur.
28. of Morbid Excavations - then follows Dr. Dancy on the removal

12. Fracture of scapula. Os Humeri, Fore Arm.
13. Fracture of Os Femoris. Sect. 14. same continued -
15. Fracture of Fore Arm. Patella.

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1776

Index of Lectures delivered by Dr. P. as per notes. —

Lecture 1st On Inflammation —

2nd On suppurative Inflammation. Les. of many others.

3rd Paronychia — Abscess. Erysipelas. Redness of the

4th Mortification.

5th Ulcers. Lacerations. Fractures and Contusions. Penetrating.

6th Wounds of Face, Eye, Ear, Tongue, Ear, Throat, C. of Wound, Stomach, intestines, and

7th Wounds of Joints. Nerves. Tendons. Veins. Arteries. Gun shot.

8th On Ulcers. 1st Inflammation. 2nd Gangrene. 3rd Reddening, 4th Ulcers of the eye, 5th Indolent.

9th On Fractures. sec. 1st Fractures continued. sec. 11. Continued.

12th Fracture of scapula. Of Humerus. Fore Arm.

13th Fracture of Femur. sec. 14. Same continued —

15th Fracture of Femur. sec. 15. Continued.




Lecture 1st

Inflammation

There is perhaps nothing more necessary
in surgery than the principles of inflamma-
tion; for as there is a certain degree of it which
is necessary to restore diseased parts to their
normal state; so there are likewise other
grades which are incapable of performing
this restoration, & cause but a knowledge of
its principles & also of the appearances which
it has in performing the restoration of diseas-
ed parts is absolutely necessary for the Sur-
geon. The term inflammation was given
to this process from the supposition of

Though this idea is altogether incor-
rect yet the term answers very well to express
our idea of a particular condition. It
may be either connected with another disease
or not; an instance of the former we see in
scrophula, sypilis &c. — Frequently im-
proper treatment is the result of ignorance
of the symptoms which a violent inflam-
mation leaves behind it; for instance I
knew a case of a strained ankle which after
the inflammation abated was very weak
medical assistance was called for the Physi-
cian prescribed tonic remedies, which threw
the patient into a hectic fever. An inflam-



The first part of the manuscript is written in a cursive hand.

1890

part performs its functions with diffi-
culty: an instance of this we see in the eye
which when violently inflamed loses the
power of vision. Inflammation is
either healthy or diseased; and is divided
into three kinds, adhesive, suppurative,
& ulcerative. I shall only treat of the healthy
kind in this lecture. Inflammation is not
necessarily a disease; because disease always
tends to the destruction of a part; but inflam-
mation is sometimes necessary for its restoration. In
the healthy state it is of a pale red colour
accompanied with a permanent sensation
& it rises in the skin very often succeeded
by itching: heat & a dull throbbing pain ac-
company it. Heat is never a disease;
though it is often the predisposing cause.

The causes of inflammation are chemical,
& mechanical or fever of the 1st kind
cold & 2nd wounds, lacerations, ~~scalds~~ &c. In-
flammation does not always immediately
follow the application of its cause. A cause
that will at one time excite inflammation
of one kind will at another time in the
same constitution excite a different one.
Different unwholesome causes have been sub-
jected to produce different kinds of inflamma-
tion; but I think the variety is owing
to the difference in the situation of the affected
part: for the same unwholesome cause will pro-
duce Erysipelas in the face & common inflamma-
tion

+ more than circulates through an inflammation
 than usual & the system are much increased -
 well as the vessels are more numerous

in other parts. — ³ Fever is sometimes the remote cause as in critical abscess. Inflammation depends greatly upon habit, e.g., a person unaccustomed to work, will blister his hands very soon; & a person unaccustomed to high degrees of heat will bear much less without injury than one daily exposed to it. If suppuration follows inflammation it is termed critical abscess. The leading kinds of inflammation are adhesive, & suppurative. Adhesive inflammation is an increased action of the vessels causing an extravasation of the coagulating lymph. It begins in the small vessels & spreads from a point in which for the most part it begins, over a larger surface, & it is always greatest at the point in which it begins. Suppurative inflammation is an increased action of the vessels over a part. — In adhesive inflammation the matter which forms the union is coagulated lymph. The red globules are thrown out likewise but are again absorbed. — When inflammation supervenes in a particular part, that part receives a more copious flow of blood through it, than a healthy part; in consequence of the increased action of the blood vessels.



That there is an increased action of the ve-
sels is proven by the part being of a pal-
red; it then takes a deeper red, and is
of a purple colour. The arteries, & the veins
are likewise increased which is proven by
Gardner's experiment on the ear of a rabbit.
The swelling in inflammation arises, both from
the stretching of the coats of the vessels & from
an excretion of lymph. The swelling is noted
at the point where the inflammation commences.
The pain is produced by the phlogistic & constrictive
action of the vessels, since in the same manner
as it is noticed in cramps or tetanus, by dis-
tention. When inflammation succeeds a disease
it is of a purple colour. The heat of an inflam-
ed part is considerably increased; it never rises
higher than the course of the circulation. The
lymph secreted in adhesion in inflammation be-
comes in time vascular & when it is injected in
the human proved that coagulating lymph was
thrown out. It is obvious that the matter thrown
on the surface of inflamed cavities corresponds
in every particular with the lymph of the
whorl divested of the serum & globules. The coag-
ulating lymph is changed in passing through
the vessels; for if it be thrown out on the inter-
nal surface of a vein it refuses to mix with
the circulating mass. The effects of ad-
hesive inflammation on the constitution varies
according to the degree of violence and the part
affected. It is attended with little inconvenience
when situated in the skin; but in the interior of a

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or inflammation. 75.
and on occasions great pain, reducing
the patient to bed. In inflammation of the
testis, there is swelling, tenderness, & heat; food & urine
is in inflammation, and sometimes of the
urinary system, in some cases to a degree of spontaneous
evacuation, or discharge. In the testis 30 cases were
received in the hospital, in the fall of a bad cold
and from ^{days before} the inflammation came on, I was
called to see him, his testis was red in a tumor, his
testis were cold and tender, his pulse
small & quick; he was cured by a dose of laudanum,
and the application of a hot pack affected
a cure over the inflammation of
the testis. In the testis of a woman, tumors frequent
to occur in the breasts of women, and likewise
to occur in the testis called scirrhus testis,
and are produced by the effect of simple in-
flammation; sometimes the testis is not
being affected when the inflammation or action
ceases. Scirrhus takes place in glandular swellings
and is called a scirrhus tumor.
But the inflammation is not cancerous and tends to
be cured. In inflammation sometimes also be
in secretion of serum. In the testis a secretion
of serum and sometimes the testis inflamed
the inflammation does not run so high, it is
much more easily cured. In
those which is not. It is highly probable that
inflammation of the testis terminates by forming
it is called scirrhus testis, and it
in chest is called scirrhus thoracis. Local in-
flammations are frequently united by fever.

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1. In the case of a person who is not a member of the family, the following rules apply:

~ antimonial

inflammation, sometimes a moderate inflammation, a remarkable instance of inflammation of a vessel which had existed some time and in the remedies, was cured by the accidental breaking of an abscess of the vessel which had considerable. I have seen an immense case of fistula in ano, from not attending in the inflammatory state. In inflammation is not stopped by some of these means it proceeds to suppuration. When inflammation is produced from accident and occurs in an acute violent violent condition; but in all cases in which it is moderate and attended with suppuration should not be attempted; 1st in very warm weather, but in a cold climate. A generous diet & exercise should be recommended rather than a low diet. 2nd if accompanied by a constitutional disease as tubercles 3rd if it be owing to the removal of some other disease. In inflammation is seen in the extraction of a tooth. ~~It is not a disease~~

Remedy. To effect a cure, in the first place the remote causes should be removed. Second, reduce the inflammatory action, and in particular it is in a natural one. This is effected by 2 kinds of remedies viz Constitutional, and Local. The constitutional are low diet, bleeding, exercise, nutrient, oil, diluent and a water &c. low diet, is intended to empty the blood vessels. 2nd low diet - this is to be used however but sparingly in inflammation, since inflammation



It also acts probably to determine the action of the
vibrations which will then produce a series of
acts as in, all of which -

vessels are under the necessity of contracting, to adapt themselves to the column of blood; and as contraction is a very different action from inflammation it allows the parts to take on a natural action, by directing them from the inflammatory one. Bloodletting acts in 2 ways 1st it removes the stimulus of distension, 2^d by diminishing the impetus of the blood; and 3rd by lessening the volume of blood itself.

3rd is Pruning, this is another mode, for inflammation, though it is an obnoxious condition, sometimes to decline it on account of its attending inconveniences. Nitri, Sal ammoniac, and Chamber's salt, have been advised; and antimonials have sometimes been joined to them. Mercury often acts powerfully in the cure of inflammation. -- 4th is Rest, this is highly serviceable; the whole body should be kept quite still, and the room should be kept of a moderate temperature.

The Local remedies are 1st bleeding by scarification cups, and by leeches. If a fever be caused by inflammation general bloodletting should always be premised.

2^d is Cold, this should only be used when the heat of the part is disagreeable, and should never be carried so far as to become disagreeable to the Patient. in case it proves injurious by acting as a stimulus. -- 3^d is Vinegar.

+ Bristles should be used when you are fearful
of a great exaltation

Sal ammoniac, & the preparations of Lead
are often employed. — 4^{thly} Poultices;
these are either simple or medicated; simple
as bread & milk, the flaxseed poultice &c.
the medicated are the simple poultices
mixed with medicines. — 5^{thly} Blisters;
these are of two kinds, one applied directly
over the inflamed part; or in its vicinity. &
the medicine resolution to the evacuation
system. Blisters are also applied to the in-
flamed part when we are apprehensive
of tetanus.

1st The general effects of adhesive inflammation,
which are distinguished by the healing of wounds
& in the serous; the cells of the contiguous
cellular membrane are united by it, which
prevents the pus escaping from the cavity
of the abscess & so it is the further progress
of inflammation. — 2^{ndly} Cysts are formed
from a lodgement of extraneous solid
bodies, whether it was introduced at the time
with which they are united in those cysts
when I attempted to extract some shot from
under the skin. — 3^{rdly} In a abscess of
an intestine or other viscus, the pus in its pas-
sage to the surface of the body, is prevented
from being expelled into the cavity of the
viscus by the adhesion of the affected
part of the viscus to the parietes of the
cavity.

U.S. PENIT.

When it is so violent in degree as not to admit
of correction, it is a sign of a bad nature

Lecture 2

Information See note etc

[illegible]

Handwritten signature

into a wound with a view of burning the ac-
tual & internal surface.

When a disease in the hand will not
be cured by the above means, the suppurative
stage is manifested by an increase
of pain, often attended with throbbing or
trembling, the swelling enlarges, the parts be-
come a blue, red, bright a fluctuation is felt.
It is now necessary to be treated in abs-

cess, & even scalded liquor containing pus.

Phlegmons are often attended with rigors, and
a high fever, which symptoms are remo-
ved by evacuating the pus. If the pain be
very great, it may be relieved by opium.

It will be best effected by combining the
opium with a mild dose of emetics. A poultice

of bread and milk is usually applied
to the tumor, & a prominent part is excised

and the wound is dressed with a vulnerary
united by the elongation of the parts be-

hind the skin, however an operation is sometimes
made by the skin and parts beneath being

excised in a horizontal way; this method is
usually adopted, it makes a rather large opening

the time of the operation is to be pro-
tracted too long, it becomes necessary to make

a artificial one. Several circumstances require
this operation to be made early. 1st If the

abscess is situated on the side of, or at distance...
2nd If situated near any of the joints. —

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+ local institution which the power of the con-
stitution are unable to overcome

... in a ...

... issue ...
... the ...

3rd It attended with great pain as in paronychia. the pain in paronychia may be almost immediately removed by opium.

In suppuration attended with hectic fever the constitution sympathizes with the parts. & when the fever is brought on by ulcers; or affections of the intestines; or ligaments; or of any of the vital parts.

Symptoms - hectic are great to intense, and ^{copious} creaky ^{copious} night sweats, of the sweat on one little spot, in the face, small, red rich flushed coloured, - it frequently terminates in death.

The process of suppuration sometimes never stops until the matter already formed is absorbed.

It is a very common opinion that the power is lost of excreting in some individuals some even employed for no purpose. Emetics, and numerous medicines, have been used to, & have failed.

The matter formed in these cases is white, & is often consolidated as one piece of matter extending to the bone itself.

The indurated bone is often cut in inflammation.

There are instances in which the inflammation is so intense that it is necessary to cut it out.

It is sometimes cured by its resolution, in some it is never cured in an amputation of the bone the patient is left with hectic which is very fatal.

It is

+ The tourist are sometimes deceived from
 information as to the real situation of the
 things. The general impression is that the

operation, when the surface and quantity
of matter were increased. It convincing proof
that cicatrization is not the consequence of
absorption of pus. The suppuration induced
the cicatrization so that it may be distinctly
felt the opening should be assisted by
making an incision into the abscess. It
is now customary to apply clusters of differ-
ent kinds, to assist in breaking tumors con-
taining pus; such as resins saccharine substances
&c. &c. and of course do good, though that
which is applied next preceding the incision
in all, obtains the credit of accelerating
the discharge. I believe this fact merely by
maintaining the point. Bartley promotes absorption
of irritation. It is also pointed out the examination
should not be left to them of themselves. And
such as induce suppuration should be immo-
diate. Bartholin & Bartholin does not always absorb
toward the skin i.e. in tumors containing
pus absorption does not always take place
between it and the external surface of the
body, but sometimes makes its way more in-
ternally; hence the necessity of returning abscess
when they form over contusions or over abscesses.
I knew a patient afflicted with a "periodical"
rain in the head in which afterward was
some wind to an abscess in the calf of the
leg: upon opening the tumor the rain ceased.

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I have twice known all the symptoms of nervous fever, produced by a small abscess near the abdominal ring. In the first case the patient died owing to ignorance of the cause of the disease. In the second case the abscess was opened and the patient recovered. I have known another similar instance from one situated in the axilla. Abscesses situated on the face should be opened soon to prevent the scar which would otherwise ensue in leaving it to open spontaneously, as it would absorb much more of the parts. ---

There are 2 ways of opening abscesses 1st by incision, and 2nd by inducing an ischaemia by means of caustic. The first should always be preferred unless in cases where the timidity of the patient prevents it. In which case, a thin layer of Lapis is applied and the space of 8 or 10 minutes; the pain it touches will soon abate and give vent for the matter or pus. After the pus is discharged it is to be treated in the same manner as an ulcer. Pus is a light cream-coloured fluid of the consistence of cream; containing a number of globules. It does not coagulate by heat or exposure to it but evaporates to dryness. It does not readily mix with water. It is not easily miscible with water. It is not

1. 11th June - arrived from London at 20
 miles for the purpose of a visit
 to some of the apparatus used in the

2. 12th June

not corrosive. It is said to have a marshy sweet taste. It is distinguished from the other fluids of the body by its containing globules of a peculiar nature, which are suspended in a fluid coagulable only by Sal. Ammoniac which is not the case with any other animal fluid. Mr. Hunter has observed that it is a secretion the vessels taking on the nature of a gland, and that the globules are not formed till after it is thrown out of the vessels. Some practitioners suppose that it be obviated by resolution if possible.

Inflammation ulcerative. Duration takes place mostly after suppuration, and suppuration takes place either in extraction of dead ulceration. In ulcerative inflammation a pustule is always first; this is uncovered by exfoliation. It commences mostly after the suppurative stage, but has been known to precede it, as in some particular instances in which modern death of a part has taken place. Pus is produced in this stage with the continuation of that part of the body ulcerates fastest which is nearest the surface. The absorption of vessels in a less extent attended with inflammation, often in which is called mortification but this is not a necessary

all in great haste, but some of the
best with great pain.

Symptoms of ulceration. For we find not only
 the lower extremities are not, but the
 arms and legs are not, but the feet of

CHAMBERLAIN'S DISSECTING —

Remarkable instances of ulceration of the
 skin in the human body occur in the mam-
 mary abscesses of women. These may either
 be seated in the glandular part, or in the
cellular membrane. It seldom occurs in
 the whole breast, or a part of the glandu-
 lar structure be diseased, the secretion
 of milk is commonly diminished; but,
 if the whole is, or if a part of it, the secre-
 tion is suspended altogether. It is accom-
 panied with shooting pains that extend to
 the axilla. If the abscess be seated in the
 cellular texture the secretion of milk is
 not much diminished. There are, moreover, ac-
 companied by a chill, rigors, accompanied with pain
 of the affected part. At the time when the
 disease is most violent is the time when the
 first month after delivery; though women
 are always subject to them until they
 continue to suckle. These cases are seldom
 or never seen till they have arrived to a con-
 siderable degree of inflammation to the

+ the weather did not come on till the 10 days of
"was not called for 0 weeks--

+ sometimes the grounds are much reduced in
size & used after a while with them.

Wells supposing himself quite competent
 to the cure: though they always fail in their
 attempts. Although suppuration is mostly
 the result of inflammation of the heart
 and it never seems to terminate in Wells,
 and the swelling be so great as to obliterate
 the cavity round the rupture so as to fill it. +
 when the adhesive inflammation takes
 place the coagulated blood is sometimes
 thrown out without being again absorbed
 even the inflammation has subsided,
 the lungs are indurated round the
 abscess. I have seen men as large as the
 fist. — There are no ways can cure
 have been tried to be anti-
 septic regimen. — — — These affec-
 tions are frequently owing to mechanical
 causes; or tight shoes, &c. And to a strain-
 ing of the vessels by too long distention
 with milk. — There are sometimes vocu-
 ers in the vessels taking cold. In these
 cases when the glands are indurated
 in addition return to their former size. +

Treatment — If called in the forming
 state, and according to the strength of the
 patient. exhibit emetics, purgatives, and bleed
 the

+ U.S. man to appear.

x A great many of the men have been saved and
are still in the army - but I believe there are
not of doubtful appearance

+ Suppuration seldom takes place if the wound
bealed from the commencement of the disease
but sometimes it does occur in a wound in a
position - or from a wound of the joint, and it
is rare.

patient upon a ^{very} strictly vegetable diet.
The breast may be anointed with warm
oil. If it be convenient for the Patient to
be confined to bed it should be done; if
not support the breast by passing a band
round the neck. If inflammation
continue, the application of leeches to the
part will be found of great utility. Bleeds
& minor punctures with lead-water are high-
ly serviceable after the other evacuations
have been performed. If there do not give re-
lief, the inflammation continue a little
time it be applied. This is not so painful
as might be supposed. Women who have not
a mind rest for many is the best, have
been known to sleep sound & as it was
suggested. But be sure to keep up the ex-
haustion, for mercury & the application of
oil of ammoniac & vinegar is sometimes re-
quired it is however not useful. If it become
necessary to open the vessel it is sometimes re-
quired to do it with the needle making a large slit;
but I have succeeded by making a hole
the size of a sheep's pen in introducing
a cup to suck it out. The cup must
be drawn occasionally to avoid the air
collected etc. In the case of stomach &
acid & ammoniac, mercurial ointment
be to the part & multiple punctures be made.

- 2 weeks with in turn. The dose is given by two
bleedings & the antiphlogistic regimen

purging but without any effect. The ab-
sorption of a blister removed the complaint.
I removed an indurated gland by blistering
& afterwards dressing with mercurial oint-
ment, where the schirrus was large as the
first. Mercurial ointment is good in res-
olving tumors. — Swelling in the joints
especially in the hip-joint without any
obvious cause, is generally a species
of inflammation, which may be cured
if taken in time by marking. Swell-
ings are occasioned by a secretion or thro-
wing out a coagulation from out the
cells of the cellular membrane. Cells
which are inflamed cause a coagulation
length which extends to their internal
coat & become vascular. — — — — —

+ "ich meine" ends in supposition

x "The whole finger is one sweetie" part of

Lecture 3rd

Paronychia

Paronychia is a condition in which a recurrent swelling of the nail bed occurs, often with excruciating pain. It is often associated with a fungal infection. The condition may be divided into 2 types. 1st is the acute form which is characterized by a rapid onset of pain and swelling. 2nd is the chronic form which is characterized by a more insidious onset and is often associated with a fungal infection. The nail is often discolored and may be lifted. X

It is often caused by a bacterial infection. The pain is very great, and is often without swelling at first. When the swelling appears, it is the adhesive membrane that is affected. There is a more danger of the infection taking place. The matter formed in there are cast species of paronychia has sometimes passed along the course of the nail under the ligament, and a cyst of a tumor is a small part of the nail. The nail becomes carious and in time, the nail is

+ I have seen Montification for 1 - 1000 -

X in the same time opening the road is
necessary

X at the most probable, and

stough away. ⁺ -- It is a difficult matter
to point out the causes of orbital.

I have seen it produced in one instance
by the bite of a snake.

Case. In a case with infection is neces-
sary to regard to the cause. It may be
caused by infection with abscess from abscess,
or a bone containing sarc from sarc.

When it is found now in a bone make a
incision down it, & if any part of the bone
should be diseased it ought to be immedi-
ately removed. The bone will
now be removed & a piece.

Boiling water has been advised in
cases of paronychia, & it is when it is
of use in it, acts much as a refractive.
The matter have carried up the bone it
should be removed in case of
small grows up with pus & pus & pus
prevents it healing. For destroying this ex-
cess removal is with bone & bone & bone
in man. & should be removed & en-
larging incision. -- I shall now proceed
to say something of

Bone abscess. This disease is
seated in the
ocular membrane under the muscles
and the matter is deposited in a cist of ocular

1134
+ Any of the usual remote causes of ~~common~~ inflammation may produce this disease.

1 The general tendency is to relax the muscles on the side affected.

x It sometimes forms in the loins & is more common in the buttocks.

* When laid down it is soft and flaccid.

+ Can be cured by more exercise.

x But have sometimes observed the sides & the contiguous vessels & thereby produced fatal hemorrhage.

texture. & in its progress to the surface. The
 body it generally follows the course of the
 serous membrane soon after its formation. In
 general it causes pain at first in the tumour
 but sometimes goes for the space
 of 3 months without causing any pain.
 The thigh on the side affected is weak.

The patient cannot well stand, or rotate
 the thigh, and is afflicted with rigors. At
 sometimes a gland that must enlarge in
 and one mark of it can be seen. It is situa-
 ted in the arterior. It is ^{not} the same always.

Sometimes the tumour is situated in the upper
 part of the thigh & sometimes in the lower. The
 integuments of the thigh are not discoloured.

The tumour is now time when the patient
 stands up & it can be made in the abdomen
 it will be flattened & be more protru-
 ded in the thigh and vice versa. The punc-
 turation may be made. Let there be no
 more open forward into the cavity of the
 abdomen. If they exist a long while, they
 may occasion a caries of the vertebrae.

When it protrudes at the upper part of
 the thigh it appears like hemorrhoids. It has
 also been conjuncted with fistula in 1800

X. Scarification on the back. Trephes also are su-
sceptible --

+ and the tumor has formed externally

* He observes that the inflammation would attack
every side of the cavity, which is the cause of
all the other symptoms which follow --

+ first to make an incision through the skin &
then to mark the cancer distinctly & then to cut
the tumor out by which means he would
make a valvular opening --

REMARKS. If we are called to see the patient soon we must endeavour to keep him at rest, and avoid all animal food. Bleed, & purge, & cause the Patient to lie on his back; a blister should likewise be applied to the upper part of it. Issues on the loins. When there are tumours. It has been disputed whether the abscess should be opened or not? And some authors are afraid to make an opening into the cavity: but when it is long in forming, it puts the patient's life in danger, if it be left to open of itself.

Mr. Hunter has observed that all cavities with inflame if opened unless the wound unite by the first intention*. Mr. A. Smith, taking the idea from Mr. B. has no doubt, has proposed to open it so that its sides of the wound may unite by the 2^d intention. He has proposed to perform the operation with the lancet; the incision is to be made in a longitudinal direction of the fibres. † We should use no probes or any thing of the kind to ascertain the depth of the sinus, because they would irritate the part. When the matter is discharged bring the edges together with adhesive plaster. In a few

+ free without any danger

X Although I have never been able to succeed in
affecting a cure - because ~~in~~ all the cases I
have seen have been attended with a course
of the vertebrae -

+ observe in the first case, that the
bone.

After the matter is discharged ^{a few times} ~~from~~
^{in this way} ~~be collected~~ it may be removed by the lancet
 again as the sides of the cavity will be brought
 together and so closed as not to inflame be-
 come inflamed. This is the best method of treat-
 ing non-abscesses. I have tried this method
 myself and found it is an ever new well.

However, very unfortunate for the puncture
 does not always unite as I had intended;
 and where this happens the inflammation
 which was spoken of before is not in the
 first cause comes on. Pains, etc.

Besides the different kinds of inflamma-
 tion before spoken of there are some others of just

Chilblains. This is an inflammation
 of the cutis vera. It sometimes begins in a
 cold and is confined to the whole lower
 extremity or sometimes to a part of it. It is
 not hit. In some it is of a long continuance
 and ends with thick in blood. It is not
 with your finger it is a little red and
 sometimes it is a little red and
 pain is of a burning kind. The inflammation
 is often much diffused. I have seen it
 in me, but never else in my practice. +
 Erysipelatous inflammation often comes

I have been thinking of you very much lately
and wondering how you are getting on
and what you are doing.

Yours very truly
John F. Kennedy

John F. Kennedy

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the adhesive inflammation, in which coagulating lymph is thrown out; but in the former serum is thrown out, frequently in cells which form blisters on the surface. Sometimes the serum escapes into the cellular membrane forming a humor which feels like a quagmire. Subinflammation sometimes intervenes running from cell to cell in the adhesion membrane and even to death. When mortification takes place in the cellular membrane it is discharged in masses like wet tow + ~~Exanthelae~~ generally terminates in about ten or twelve days.

Q. 111. The most common cause is so similar to that which excite common inflammation that it is not necessary to distinguish between them. It is a local inflammation of the skin.

A. 111. It may generally be removed by abstraction in the antiphlogistic regimen, before suppuration takes place. But when suppuration has supervened it must be opened early to prevent its escape into the cellular membrane.

Q. 112. For a suppurated blister there is no proper time when it should over the point is useful. The application of a blister applied to

A mixture of the two effects is seen

X The next is a hard coat on a very fine
woven material with, perhaps, this coat on

(25)
that it shall be pale, or round, & part on the
inflamed part is of great service. If the
parts begin to heal in excoriation of the cuticle
like I am so a favourable symptom.

Eczema & exists in a skin though
it may be seated deeper. In this inflammation
water is extravasated. It is prod by ~~excess~~ by
adhesive inflammation taking place in parts
disposed to it. It is attended with a burning
pain - treatment. The usual application
is brandy, or bread and milk & oil mixed
with it, or with saccharum & turp. &c. &c.

BURNS. In number, effects, produced by
the application of heat differ, according to the
intensity of the application & the time of its
continuance. Its effects are -
1st when the degree of heat is low & lasts
a short time of the part affected. - -
2nd Blisters; causing a separation of the cuti-
cle attended with an effusion of serum.
3rd The death of the part, forming an es-
char as by caustic. Sometimes the bones are
destroyed by the application of heat & fire, by

after the first rain

it does have a small extent or grain
and is but a small igneous rock
of great extent though very superficial and
is very dangerous

terminates in death. When the life of a part only is destroyed. The patient does not feel very great pain, till after 3 or 4 days when the inflammatory process of sloughing takes place for the separation of the dead part.

I saw a little boy who undertook to walk the edge
of a ~~scallop~~ shell which was in the water.
In a very mannerly manner he kept slipping &
plunged in the middle of it. He was not near
two miles over. I did not know him. He was not

and I considered it as if it was very
much done. His spirit was scarcely perceptible,
& never drawing forth. He was very
restless & kept constantly changing his posi-
tion. He spoke very little & once when asked
a question, & then he answered me rationally &
in a calm interrogated & reflecting his feelings
and he felt content. He died in about 6

Burns. When these symptoms are produced in the
 patient seldom if ever recovers. Burns affect
 the whole the most, though they prove fatal at
 times to all ages. — When burns happen on
 the head they sometimes occasion inflammation
 of the dura mater. — Burns occasioned by an
 of the molten metals appear frequently to be
 of no serious consequence at first, but after
 some time the skin and muscles singe off
 & leave the bones bare; hectic fever ensues and

In the first place the pain is of a different kind
 than that of acute inflammation, being of burning kind
 + causing ulceration of the parts underneath -
 which leads to granulations which are very
 difficult to suppress - 3rd

X Most authors advise debriding cauteries in all cases of ulcers. but it should
 not be used unless there is great inflammation
 none

* It should have any non-union almost be considered
 The pain of the foot should be relieved by affusing warm
 water from this irrigation plan of treatment is the best
 for it keeps the foot dry & the blood-circulation is
 improved & the necessary

Patient dies. Burns occurring over large joints frequently produce alarming symptoms - - - - -
 active power comes on and amputation is absolutely necessary for the recovery of the patient.
 Consider inflammation resulting from burns distinct from all other inflammations, ^{and} not being capable of resolution. The cicatrices formed by ulcers resulting from burns have a distortion & contract much more than other cicatrices would result of them, causing thereby a much greater deformity of the part affected. 4th - They are cured by totally different remedies, is volatile spirit, spirit, hyacinthine -

Treatment. The remedies applied in cases of burns are very numerous. There are either general, systemic or local. If the burn be extensive & great weakness attends the patient may be supported the back, wine, & even brandy & water; if the extent be cold apply sinapisms. The local remedies generally, advised are cold water, vinegar, & St. Paul is a small treatise recommends ice above all other applications, vinegar & water, this is a good application

+ At the times when simultaneous irritations have been used - as red precipitate, volatile salt, spirit of turpentine &c. - This

+ Volatile alkali, & vinegar are good applications. The vinegar with very good effects in the inflammation of the throat. It should only be applied to the inflamed part. for if it be in contact with the sound skin it will cause pain & great inflammation. & must not be continued on the part as they are frequently not called to cardulent burns for several days. after a number of applications have been tried since some have been tried in

lime-water & oil, these form a sort of crust
like a cuticle, and the common people use
potatoes. † Lattin, M^r. Hentish has used
Tinct of Turpentine combined with bari-
licon; and I have used it with very good
effects in many cases. The remedies count
act

The most of these remedies as cold water
relieves the pain & so the next for a time
is not only as powerful, but the turpen-
tine & bari-con spread on rags and a
band is a permanent application. I have
applied the turpentine and bari-con and
not called for 3 or 4 days after the acci-
dent had happened. In one case of a
burn of a child the turpentine & bari-con
was applied but owing to the suggestion
of the parents together with the surgeons
at the women it was omitted 3 or 4 days
without my knowledge, the child became
worse and a fungus arose over the sur-
face of the burn, I was sent for again
the part was sprinkled with burning acetic
& the turpentine & bari-con again applied
which soon cured the patient - - -



29
A patient who was burned with gunpowder
the medicine was used. The pain in the left arm
in about 4 hours after the application of the ointment.
The next day however in general the inflammation
a pain in the little finger, which was ex-
tremely increased not to move any part of the
arm. I gave the patient the following medicine
which ceased; the inflammation subsided and
he was soon cured. Effects of mercury is one
of the best applications in these cases. Inflamed
parts when in contact never get to grow
together. So that we should be very careful to
keep the surfaces between inflamed surfaces which
are in contact with each other united. This we
accomplish by granulation, of which we observe
the granulations will unite & the parts will
be together. I know a case where the fingers of
one hand in consequence of a severe burn, all
adhered to each other; which increases the suscep-
tibility of keeping together between such inflamed
surfaces. I once knew a case of a scald upon
the parts of generation of a person, which for
the want of proper care he kept the parts separate
until healing all united together; the penis re-
turning to the scrotum & fast to the thigh. The young
man did not like such a confused mass and
applied to Mr. Hunter for relief, who undertook to

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case I was fortunate enough to succeed in li-
berating about a couple of inches to the small
satisfaction of the young man. Burned parts
sometimes form a rupture round the limb
stopping the circulation of the blood and there-
by producing mortification, whenever this
circumstance takes place the hand should
be cut there —————

+ I shall begin by observing ^{that} the previous state
of the system under it more liable to mortification
at some times than at others; as in old people;
labits previously affected with dropsy, &c.

+ they both in the same way - by cutting
the necessary supply of blood - When a
part has its life it is not become, perhaps, then
wide, & early check - - -

+ Bread & rich nourished stomach is added
to the part since continued till the part
strong is off

+ A small degree of inflammation is sufficient
which exceeds to a deep red * if the cold is
tumor in its susceptibility - at length dis-

Lecture 4th

1st Mortification. It may be termed
a kind of death or destruction of any
part. Mortification is of two kinds —

1st Inflammatory; which proceeds by inflam-
mation

2nd Spontaneous, which proceeds from cause.

In all cases of mortification the cause is
either a local application of heat or cold,
or a general affection of the system. In
circulation of the blood is stopped, or
the pressure is increased, or the oxygen is
depleted. The whole or a part of the
part affected is then in a state of inflammation
inflammation is a kind of fever given
to a part. The blood is collected, & it re-
mains in the part, & it is a kind of fever
of the part, which is succeeded by death. X
The part is then with a burning sensation and
is in a state of death. * or even in a state of
water

X Mortification often comes on without any apparent cause
If mortification preceded by inflammation there are
two kinds - the 1st is where the inflammatory
action is too great for the powers of the part to support.
In the 2nd, there is something peculiar in the nature
of the inflammation other than the ~~degree~~ ^{inflammatory} of action
producing death not from its degree of force.

+ The escape of urine into the cellular mem-
brane has produced the same effect.

+ But in some it is rapid & very painful.

* or apply stimulating substances to assist in their
issue if the ologh: for when the mortification ceases
the parts will throw off without any assistance.
Blister should not be applied in this kind of
mortification - for whatever irritates or inflames
the part tends to increase the disease.

should be applied to the affected part, after which the amount of the part should be gradually increased to a comfortable state. X. Fine ~~by a strong operator~~ ^{the} injection into the cellular membrane of the scrotum has produced inflammation and mortification of the whole substance, which being destroyed, does not, ^{the whole substance} ~~and~~ ^{in the scrotum} come away, with an extirpation. It takes place in the loss of the whole of the scrotum. It commences with pain & slight inflammation of a purple colour; ulcerations sometimes take place round its edges, but not always. Its progress is in the most part slow. The upper part of the foot swells, the cuticle becomes detached. I have known it to arise from the prick of a knife in cutting corns. In the case, union is the best remedy. All stimulating medicines as the "mercurial" is to be avoided. Never make scarifications in the ~~foot~~. * It has been advised to amputate in this disease; but, this should never be done while mortification is progressing. Let it attack the stump and the patient undergo so much unnecessary pain. In a case of mortification of the foot which came on with a very offensive smell I was induced to amputate it at the particular request of the patient. It was performed a little above the ankle

^ In people who are long, curved on their
backs; or broken bones & other causes --

+ It sometimes takes place without warning,
comes the impression of the finger

x As the disease advances, the red globules are
are thrown out

* If the theory I have advanced be just - that
the disease depends upon too much action, then
all stimulating oils, balsams, cordials, scarifica-
tions, together &c

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Occasionally not been received in consequence of their be-
ing unable to send much forth, would so much oblige
you to request your correspondent to send them up before
they are Philadelphia, and to be sure to be sure to be
than for you very sincerely, friend and believe me
much esteem Yours

Chas. Bleeker

Feb. 5. 1815

My dear Sir

In a late conversation you in the most obliging manner offered to assist me in procuring some ^{works} ~~scientific~~ ^{works} which I expressed a desire to obtain from Europe. I shall now procure in your secondly offer. I put into your hands a list which I hope your correspondent at Copenhagen may not find it difficult to procure. Most of them indeed are not published in that city but as it is a kind of local home to the sciences of the North of Europe, I am not without a hope that most of them may be had there. Your goodness I hope will pardon the liberty I have taken in ~~the~~ ^{the} or ~~the~~ ^{the} in ordering duplicates. I have done this to oblige a particular friend and as the works are small in size and price they will add very little to the bulk or general amount. Will you please to inform your correspondent that the best impressions with coloured plates where these can be obtained will be preferred. The number of copies

1. Flora Danica. Icones plantarum nascentium in regione hanc explorare edita a G. C. Aden. C. F. Scheller et al. Tab. 1. Descriptions et Icones rariorum. Promaxima hanc novam plantarum. Auctore. G. F. Scheller. Hottel. 1780. 2. 100.
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The above are all published at Copenhagen. 1799
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Occasionally not been received in consequence of their be-
ing forwarded to some remote part, I would be much obliged to
you to request your correspondent to send them up before
they are Philadelphia arrived. I beg you to accept my be-
st thanks for your very friendly office and believe me
much esteem yours

James H. Brewer

The arteries were completely trifled; so much so that I was obliged upon ^{them} ~~the~~ ~~arteries~~ to ~~quass~~ ^{quass} the surfaces together with my thumb & finger to prevent hæmorrhage, a circumstance which often occurs in such cases. — Pressure often occasions mortification in the parts contiguous to the vacuum, & is most commonly preceded by inflammation.

I have seen mortification produced in the arm by the pressure of the bed-clothes.

The Symptoms of mortification are a ^{numbing sensation} ~~dark~~ red colour, disappearing when pressed and returning slowly, small blisters containing serum rising round its edges, small degree of sensibility, circulation languid, the part not so warm as natural, & becoming black by degrees. The effect a —

First, in the first place the exciting cause should be removed. All hot fermenting applications should be avoided. The remedies ^{for mortification} are first general, & secondly, local.

1st The general remedies are, blood-letting, if inflammation be present; but if it proceed from languor of the parts, quinine should be given, with nourishing diet ~~back~~ &c. — 2^d The patient be accustomed to the use of wine

+ in mutilation the eye pressure should be avoided; for this purpose the eye may be supported by gutta serena placed under the thing

* It may also stimulate the skin to separate the dead portion more rapidly

+ they begin in the skin, at a dusky red colour with pale edges; ^{the pimples, are}

+ A kind of inflammation takes place in the cellular membrane, but good, healthy, and is never fatal

* They are dangerous when situated on the face if large or numerous; much however depends on the strength of the constitution

it may be continued. ^{3rd} in every instance
2nd The local remedies are, Blister to the part af-
fected. Charcoal bollicies are of service to
prevent the smell of the dead parts. Their mor-
tification comes from air & also in the ex-
cess of pus has made its way into the cel-
lular membrane, it should be laid open & tre-
ated with heat & with poultices. +
I have been long in the habit of using nitric
acid diluted with equal parts of water.
It corrects the fetor by stopping the putre-
factive process. It should not however be ap-
plied to near the living parts or it will
contracture them. At the worst it will
maggots are apt to form in the dead part,
washing it with the diluted acid will re-
move them. ^{from} Second species of ^{is that scalding kind which} inflammation produces
Carbuncles. These are circumscribed broad
hard tumors ~~are~~ attended with burning
pain; they are situated on the back and
sides & occur most frequently in people who
have lived well; they are dangerous if large
and numerous; they sometimes occur on the
head though very seldom. * A case of Mr.
T. will serve to show the peculiarity of the
inflammation. He was called to see him
between 50 and 60 years of age in

+ A circle of inflammation surrounded the
tumor - The G^r was called about 3 days after the
commencement of the disease -

the course of one of these cutaneous eruptions
the ~~first~~ of the pharynx, a number of remedies with-
out any good effect. Dr. Volz was consul-
ted and so said he was well acquainted with
them in France. I have cured several of them
by scarification; according to it was scarifi-
ed transversely about $\frac{1}{4}$ of an inch
apart, all over the surface, and then a
circular incision made all round it; this
effectually cured it. It acted in changing
the mode of action to the adhesive in-
flammation. — Some years ago I was
led from the uncertainty of the remedies
employed in ~~gangrene~~ ^{gangrene} to seek for
some remedy more certain and effectual
in its operations. From the good effects
of blisters in many cases, I was led to
use them in mortification & they succeed-
ed beyond our most sanguine expectations.
The good effects of blisters may be seen
in the case of Captain R. D. ~~related~~ in
the volume of Dr. Cox's museum, who
under a mistakable local and poisonous
in a common after occurrence of the
in consequence of which a violent inflam-

was
not
at all
the same
as the
one I
had seen
in the
city of
London.
It was
very
different
from
any
other
place
I had
ever
seen.

uration ensued in the regions and in
 the scrotum. The antispasmodic regimen
 was tried without any benefit, the
 resisting back, in the most dangerous state
 & other remedies; it was cured by the
 application of blisters to the part affec-
 ted. The pain in inflammation is caused
 by the distension of the vessels. A patient
 of mine was afflicted with a violent
 pain in the foot; a small reddish spot
 was seen on the top of it appearing like
 ecchymoses at first which afterwards dis-
 appeared & then came again a little
 above the ankle; the patient now com-
 plained of great pain when the foot
 was raised up, but which was somewhat
 relieved upon letting it down, owing
 to the decreased action of the vessels; be-
 cause the blood ~~ceased~~ filling the ves-
 sels overcame the spasms which are the
 cause of pain, for when the foot was rais-
 ed the vessels were emptied of the disten-
 ing blood & the convulsive action of the
 vessels took place. A charcoal poultice
 was applied over his foot. This treatment was

12) Dr. Hunter's theory of mortification of tissue is
now generally received viz an increase of
action beyond what the powers of the part are
able to support. but I am rather inclined to
think in many species of mortification there is
something peculiar tending to the death of the
part something more than the violence of
inflammatory action. For if it depended on a
cessation of action alone, then the application of
a blister which is highly stimulating should
most ought to produce the death of the part
more quickly by producing ^{still greater} an increase of action.
But on the contrary they effect a cure — I believe
by obviating the disposition & changing the mode
of action from the destructive disease to the
restorative kind. —

XI

13) Blisters have lately been found as effectual
in the cure of the muscle as of any other kind
of inflammation, especially if applied immediately
~~containing~~ that destroying humor, sensation — I have
often cured on the back & a back as my ^{common} ~~case~~
which she compares to a burning heat & that even the
sensation was so intense — as to make the blister as
the mortification of the part, the pain slowly subsiding
and a slow healing kind.

disordered owing to his having taken so much Laudanum which was obviated by purgative. The bow was given largely to the extent of 12 grains of opium in twelve hours, but without any good effect. I therefore most cordially gave a large over the stomach and very grains of volatility. I have given very soon. The last was not omitted as it was found to be of benefit; someenna and manna were given to obviate ^{the mortification still increasing;} costiveness; ~~and~~ a blister of plaster applied which stopped the mortification and changed the vivid colour, which passed to a red below the blister. The firming charcoal applications were omitted and another blister applied on the lower part of the arm. The dead part was washed with a dilution of nitric acid with equal parts of water. The mortified part after this gradually sloughed off - & the Patient is now recovered. When Mortification is caused by inflammation a blister should be applied. — X1) — +2)



Lectures

Of Wounds. A wound may be defined a separation of the external parts by mechanical action. They differ according to the situation of the part injured and the instrument by which the injury is sustained. There are two kinds of wounds

1st - Incised, and
2nd - Contused. In incise wounds is made by a clean sharp cutting instrument. A contused wound is always accompanied by a bruising of the soft parts and is divided into three kinds, lacerated, punctured, and unshot or penetrating.

Wounds are always attended with a great or lesser effusion of blood. In incised wounds there is generally a considerable flow of blood; but in lacerated wounds, large vessels are often divided without any considerable hemorrhage. Incised wounds

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bleed much more than contused ones, because, in the first case, there is nothing to prevent the flow of blood, but in the latter the dead matter at the ends of the arteries, caused by the contusion acts as a stimulus to the coagulation of the blood. Relates a case from Cruikshank. — I once saw a case where a boy had his arm ground off by a mill ^{between the elbow & I should} in this case no haemorrhage scarcely ensued; owing to the contused ends of the arteries causing the blood to coagulate in their extremities and form plugs, stopping the haemorrhage in the same manner as if the ends of the arteries were plugged up. An incision by a knife would have caused a much greater haemorrhage. There are three ways in which haemorrhage may terminate in cases of contused wounds

- 1st by a diminished circulation. —
- 2nd by the ~~the~~ coagulation of the blood forming plugs. —
- 3rd in pressure, caused by an effusion of blood into the cellular membrane, which pressing on the sides of the vessels diminishes

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their diameters. Bruised parts cannot bleed much, the hemorrhage is stopped by the bruise causing a coagulation of the blood and hence stops more speedily.

The coagulation takes place just round the edges of the vessels. Contused wounds by the violence of the pressure occasion the death of the ends of the vessels. In incised wounds the first thing necessary to be attended to is the flow of blood; this sometimes is in great quantities but not unexpectantly a short time after the injury it spontaneously ceases, a coagulum being formed, and as it were plugging up the ends of the vessels. If this be not the case it may sometimes be stopped by pressure made by the finger, but should this fail a tourniquet must be applied. If the wound be in the hand or forearm it must be applied above the elbow, if the wound be below the knee it must be applied on the thigh, because there being but one bone the pressure will be more effective; if it be applied on the thigh a compress must first be applied over

[illegible]

41

the artery. The hæmorrhage being stopped the part must be washed clean with warm water, and search made for ^{bleeding} point, which being found it must be drawn out by the tirunculum and secured by a suture. It is necessary to tie both ends. The vessel is large if the laceration the hæmorrhage will be carried on to the anastomosing branches.

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When compression with the finger may
 be made on the subclavian artery just
 where it passes over the first rib. Or if
 the injury be done to the ^{intercostal} upper part of
 the rib pressure may be made on the
 ribs just where the artery passes out
 of the abdomen. Sometimes pressure may
 be made above the wound long enough
 for the formation of a plug or coagulum
 in the extremity of the divided vessel,
 and so put a stop to the bleeding. It
 sometimes happens that vessels are
 divided in such a situation as not to
 admit of this kind of treatment; as in
 the extraction of tumors from the mouth
 which are supplied by three or four
 arteries. If only one vessel be divided
 the haemorrhage may sometimes be stop-
 ped, by holding a compress of lint for
 a few minutes, on the bleeding orifice.
 If the effusion take place from a num-
 ber of small vessels it may be restrained
 by compresses of lint, cotton, the application
 of dry sponge, flour, azuric, vegetable
 astringents, &c. But if this is insufficient

A whole calf of the 11th was very much interested

we must have recourse to the ancient but sure method the hot iron. The reason is, that where the vessels are injured if the natural communication is small, that the coagulum of blood in the vessel will stop the hemorrhage. I saw an instance of this kind where a boy in quarrelling with his school fellow received a wound in the ham with a knife, the immediate consequence of which was an effusion of blood into the cellular membrane of the muscles causing a considerable tumor of great pain. In this situation he walked some increasing both pain and tumor, he went to bed, and next morning the pain and tumor were both gone. Supposing himself well he got up dressed himself, and went down stairs, when the tumor immediately returned. He went to bed again and the tumor subsided. This alternation was experienced two or three times, ~~on~~ at this time I was called. I immediately pronounced it a wound of the popliteal artery and put the boy to

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bed, and raised the limb to take off the force of the blood by its cavity. The volume of blood was considerable, & since the 2 or 3 bleedings, and in about a fortnight or three weeks he was quite well. In such cases no probe should be used to ascertain the depth or situation of a wound, lest you destroy the skin, formed in the orifice of the artery, and thus, or haemorrhage. The practice of some surgeons stopping the part full of lint is a very injurious practice and ought always to be avoided, lest you lay open the communication which nature has kindly formed. —

After the stoppage of haemorrhage by bandages, adhesive plaster, or, suture, must be had recourse to for approximating the edges of the wound, and if the wound be close to the extremity of the limb, it may be necessary to apply a tourniquet to secure the limb in an extended position. In most cases the adhesive plaster will be found sufficient, but in

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wounds of the abdomen suture must
 be used, or else the patient will be sub-
 ject to hernia at that place. The coa-
 gula should first be wiped away and
 then the adhesive plaster spread either
 on leather or new linen should be
 applied transversely across the inci-
 sion drawing the edges together, they
 should be applied in such a manner
 as to favor the escape of St. Blood, mat-
 ter and pus, for if it be confined it may
 collect in the cellular membrane and
 occasion an abscess; this operation of
 the sticks is more especially requisite
 where an artery or vein has been taken
 up so that the pus which is necessarily
 formed may have ~~some~~ passage to escape,
 after the sides and of the wound are drawn
 together and secured by ^{the} adhesive plas-
 ter, a portion of lint suited to the size
 of the wound spread with any kind
 of ointment may be applied, on the top of
 which a thick layer of linen is to
 be placed and the whole secured in
 place by a bandage. These directions

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should not be removed for 48 hours, in
which time I have seen an union of
the divided parts. ^{Inflammation is only now to be feared.} much inflam-
mation be present, blood-letting must be
used according to the symptoms, low
diet, rest, &c. - Purges may be used
occasionally to prevent costiveness.

If no inflammation ensue, and
the patient be weak he may take
some animal food as some inflam-
mation is necessary to cause an union.

This practice is recommended except
wounds caused by stabs, which should
be left to suppurate as stabs of the great
toes remain in a wound. ^{OVER} Inflammation
may be undressed by adhesion
blisters, which will be generally found suffi-
cient, and the limb placed so as to
prevent no restraint in moving the
limb. This should always be applied to
drawing it up with a needle, and that
be two narrow -

For avoiding of pain, and

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Every stitch of the needle adds a new punctured wound to the injury, and the thread mostly ~~produces~~ occasions a suppuration by the irritation it produces. But in some cases, as in the nose, ears, scrofula, abdomen, &c. in particular affections of the scalp &c. where the parts are so flexible as not to admit of other treatment. We should be careful however in injuries of the scalp not to draw the divided edges too near for the purpose of bringing them in contact, lest by overstretching the flaps we stop the circulation and so produce mortification of the loosened part. —

Punctured wounds. A punctured wound is a separation of the soft solids communicating by a small opening externally. In cases of punctured wounds we should be very cautious in using a probe for the purpose of investigating the depth of the wound, since by that means we irritate the part and destroy the adhesion that may have taken place and thereby

+ This is now to you in view of recent app^r make
in the case of a dependant and with all app^r to be
taken to be paid

A and the other cases ~~to be made~~ from the
to be made in the case of a dependant and with all app^r to be
taken to be paid

prevent, or, retard ⁽¹¹⁾ the cure. It is better to
make an incision to examine for any
effluvous substance near the surface
than to use probe or forceps for that pur-
pose. If the matter shall have collected
in a punctured wound, it then becomes
very necessary to dilate it, or, when large
abscesses are wounded, ^{and cannot be taken up without} it becomes
necessary to dilate them, when the con-
stitution suffers from them. In July-1795
a man getting over a fence fell upon a
nail which ran into the flesh below
the knee, about an inch ^{toward the joint} upward, febrile
symptoms came on he complained of
sickness in the epigastric region, pain
in his neck and head, ^{this pulse frequent & quick.} the wound
was opened and the pain was trans-
lated to the wounded part immedi-
ately, and excepting here he felt no pain
at all in any part of his body; the
wound was dressed with common poult-
ices and healed very kindly. I knew
a black who was thrown into convulsions
by puncturing his finger with a needle;
these convulsions continued for the space
of

+ when by the means a confused manner is char-
acterized in it may be described as
a common incident in the

an hour and an half, the puncture was then dilated, and the spasms went off without returning. - These punctures or incisions happen during warm weather. The should not be made up too tight, but suppuration of the part should be promoted, cordial diet and wine should be given by which means we frequently prevent tetanus. -

Lacerated wounds, are made with blunt instruments which kill the flesh where it is separated. Anodynes combined with a small portion of an emetic so as to act as sudorifics, for the purpose of composing the patient, should be given and bleed and milk poultices applied till the dead part come away. If inflammation ^{accompanied with fever} intervene it must be unmediated by the antiphlogistic regimen. If symptoms of mortification come on ease the pain with opiates and prescribe porter, wine, bark, &c. -

Penetrating wounds, are such as extend into the abdomen, thorax, &c. When wounds

+ the puncture made into the thorax is
'not very small the lung contracts and
the patient returns respiration with great
difficulty if with liquor it being very
difficult to be attended with an effusion
of blood into the cavity causes great op-
pression —

+ this I have never performed — I had cause the wound
wounds — because they remain bare the soft parts and
occasionally a loss of substance

happen in the Thorax they are attended with great danger, by causing inflammation of the cavity. If the lung be wounded, or the puncture made through the pleura, ^{air gets in the cavity} the lung contracts and is spastic, performs respiration with great difficulty. If the lung be wounded the patient coughs up blood. Sometimes the vessel is so injured so that we have to take them up. If ^{some of} the intercostal arteries be divided so that the hemothorax cannot be used for taking it up, it is a difficult case would be well by means of a needle and secure it in that manner. Wounds in the thorax occasioned by falls are very distressing, they generally strike the part where they enter making it necessary that the wound should suppurate and though before the organ can heal. The patient is afflicted with anxiety and difficulty of breathing. Blood-letting, rest, low diet, are all necessary. The dressings are antiseptic and have to be changed often in breathing, this has very nearly happened once

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under my care; care should be therefore taken to dress such wounds with adhesive plaster or bread & milk poultice continued in a gauze bag for the purpose.

The edges of the wound when not tilted should be kept together to unite by the first intention, if possible. When the sides of these wounds are approximated the cavity is undressed completely and a cure is effected without inflammation. No bad effects are to be dreaded from the air that may remain in the cavity this never causes inflammation as is proved in cases of empysema, the inflammation, when it supervenes, arises, Mr. Hunter says, from the stimulus of impaction.

Two Officers, placing cards together, a dispute arose between them, ^{perceiving the right party} ~~one~~ ^{on the chest,} ~~on the chest, ^{the air had not entered into the cavity,} ~~his~~ ^{his} ~~equalities were cold,~~ ^{his} ~~pulse was small and irregular,~~ ^{his} ~~his~~ ^{his} countenance livid: no symptoms of inflammation of the pleura appeared. I applied adhesive plaster over the wound and the 3rd day it had united, and by the 6th day he was~~

+ Which the tumor is divided, and because the tumor will
generally be seen in the same part.

1000

able to walk, went out in the street &c. &c.

Having spoken of wounds in general, I shall proceed with particular ones, and first,

Of Wounds of the Face. As there are many cases in the treatment of which suture is always necessary, so there are likewise cases in which it should never be used. The ancient Surgeons used suture in almost all cases of wounds; but in ~~wounds~~ wounds of the face suture should not be used as it always causes deformity by the marks of the stitches remaining after the wound is healed. I have seen a Lady, one side of whose face was very handsome and the other very much deformed in consequence of this mode of treatment.

^{gilded} In ^{gilded} wounds of the eye-lid where it is necessary to employ suture, we should be extremely careful to avoid puncturing the tunica adnata, the skin should only be thrown & the skin of the eye-lid, because if the threads were to come in contact with the globe of the eye, it would continually irritate it and bring on inflammation.

7. The Patient should be kept in a dark room.
If faintness occur it is sometimes in the night
I now to remedy it by an operation - if that
shall say more hereafter - I care for
Dr. W. Hudson.

mation of the unseen eye. I have seen a
 case where shot has entered ^{just at the edge of the sclerotic} the eye and
 penetrated to the crystalline lens. I have
 seen another case where the eye of a young
 lady was punctured by a piece of glass
 from the breaking of a bottle in her
 hand. ~~When~~ When ~~in~~ in ~~the~~ the ~~eye~~ eye ~~is~~ is
 wounded we should endeavour to remove
 all irritating substances, and, by
 well-timed bleeding, purging, low diet,
 blisters, scarifications, &c. with the use of
 collyria, we may prevent suppuration.
 The best collyrium, is an infusion of
 the juice of saffron in water. Or - ^{with water} -
 generally in wounds of the lip after
 closed with no lip of substance, it will be
 sufficient to bring the divided edges toge-
 ther with adhesive plaster. But if a portion
 of the lip is lost it is necessary to use sutures.
 In wounds of the tongue, which
 we sometimes find to occur from people
 biting, or, receiving a blow on the chin
 when the tongue is protruded, it is ne-
 cessary to use the interrupted suture.

+ The tongue if necessary may be drawn out by a thread
through the tongue generally that is about
6 Days in

(54)

As it is difficult to get at a wound of the tongue, the patient shutting his mouth, ^{from} pain, it is necessary to place a soft stick between the teeth to prevent being bit. + the patient should be fed with soft victuals. — In wounds of the ears a simple suture is sufficient. Wounds of the

Throat, mortals occur from people intending to commit suicide; when the skin only is divided there is no difficulty in curing it; but sometimes the trachea is divided and the large vessels exposed; the first ^{thing to be done} thing is to attend to the haemorrhage and secure all the bleeding vessels either arteries or veins; even if the carotids are divided they may be secured by a ligature as the circulation to the head may go on ~~th~~ by the vertebral arteries. When the haemorrhage is secured the sides of the wound may be approximated; this can most ^{if small} be done by adhesive plaster alone, but, if this is not sufficient we may use a suture, having

+ I believe in every case it would be ^{most proper} ~~right~~ not
to draw the divided edges too close - so that the
blood & matter if collected may be discharged.

caution, to include the skin and cellular
 membrane only: for if a stick was taken
 in the throat it might create vomiting
 by irritating the pharynx; and if a stick
 was taken in the side of the trachea, it
 would occasion a continual cough: When
 this is done the head should be inclined
 forward to favor the union of the divided
 edges, and, be secured in that position
 by a bandage. † All the vessels, both ar-
 teries and veins should be secured as though
 apparently done binding; for, if any
 blood be left oozing from their orifices
 it may escape into the windpipe and cause
 suffocation. In wounds of the throat
 a great deal of inconvenience results
 from swallowing as were attempted a wound
 you must separate the sides of the wound;
 to remedy this it has been advised to intro-
 duce a pipe through the nostril into the
 throat for the purpose of conveying food
 to the stomach, but it causes so much ir-
 ritation to be practicable, keeping the pa-
 tient continually coughing, or sneezing:
 He should be supported by nourishing

if cough occur it must be relieved by means

+ to prevent, as it will always be inevitable
to write it by the first intention in

† The chief danger arising from using, however,
the hollows between the bones of the scapula & ribs
their contents into the cavity of the peritoneum & so

injections, thrown frequently up. In wounds
 of the Abdomen, if the wound be super-
 ficial, the treatment will not be different
 from that of any other part of the body;
 but if the wound be through the parietes,
 there will be danger of the peritoneal in-
 flammation. If the intestines protrude, af-
 ter examining them they should be return-
 ed and the wound closed by the in-
 trinsupted suture: In the suture of the ab-
 domen two needles should be used with
 each ligature, and the stitches should be
 commenced internally at the distance of
 about $\frac{3}{4}$ three fourths of an inch from
 the divided edges and the stitches be at
 least $\frac{1}{2}$ half an inch apart. The patient
 should be kept to a rigorous diet & the
 bowels freely opened. When union shall
 have taken place between the divided
 edges the stitches may be removed and
 adhesive plaster applied; if any of the
 viscera are wounded they should be first
 secured before we stitch up the wound
 of the parietes. * Generally in wounds

+ It was formerly the custom to bring the ends
of the ligatures out of the wound in the abdomen
in every case of where the intestines were
stitched. But Dr. Cooper, moved the remains
back of the stomach if cut, & left in. If
they will get into the cavity, & in the
in place of it by stool.

+ The heart was removed & succeeded
when 3 inches were cut out.

at the abdomen a piece of lint is put
 under at the wound and the intestines be
 wounded feces presently pass out, and the
 patient will have blood stools. If the
intestine be wounded soon will be discha-
 ged, vomiting of blood comes, and sweat be-
 comes profuse, and, when fatal the pa-
 tient dies about the third day after remain-
 ing in a coma till death. When the intestines
 are wounded they may be closed, first
 stitches will be found sufficient, the knot
 may be tied so as to be on the inside of the
 intestine; when this is done cut on the end
 of the thread and return the intestine, the
 thread will get in the cavity of the inte-
 stine and pass off by stool. Transverse
 incisions of the intestine are easier made
 than longitudinal ones, and it costs much
 more pains to close a longitudinal one
 than a transverse one as it opens the di-
 ameter of the intestine causing a lodgment
 of feces at that place. If the longitudi-
 nal wound be not too extensive that por-
 tion of the intestine may be removed &
 the transverse ends closed together, the

+ Laudanum should be given to allay the pain &
keep the intestines still - so that their peristaltic motion
may not prevent the union of the wound - Ergot
should not be administered, as the probability of
an escape by the wound is

X generally some hemorrhage occurs
during the first 24

+ But there are cases in which the intestines
have been wounded & recovered & here not much
can be done in such cases

Patient should be fed sparingly so as not to distend the intestine; his food should be almost altogether spoon-^{fed} ^{by ligature} ^{the operation} ~~fed~~ ^{fed}. Even wounds of the Stomach may be sucked.

I have known an instance in which it was done; the patient recovered. When the Musculus is wounded it may be taken up with the trunculum and ^{the operation} stitched; but the ends of the thread must be left out of the wound ^{in both cases}. Sometimes the bowels are injured and do not protrude; it has been a question of dispute whether the wound in the parietes should be dilated ^{to reach for the injury} in such cases or not. I believe it is right to search for a firm by enlarging in a degree the wound if it be not large enough already, but the wound should not be enlarged fully otherwise we shall induce great inflammation & when the intestine is wounded it commonly unites to the peritoneum round the wound of the parietes by the adhesive inflammation. It would seem that when the intestines are wounded, they stop their peristaltic motion so as not to prevent their adhesion. When the bowels are injured and cannot be found, if the surface be large

+ It is of a dull heavy kind -

± But if the wound be large there is generally a considerable haemorrhage - & sometimes induces inflammation of the peritoneum by the distention & accumulation of blood in the abdomen. These cases will be seen in some.

* I believe the same happens from some of the Pancreatic ducts.

enough in the intestines to include it should
be stitched up. If inflammation supervene
copious bleeding, purging, low-diet &c. are ne-
cessary. & sometimes though the circulation
is weak yet the inflammation is great.

In wounds of the Liver, if the right lobe
is wounded the pain will be in the right
shoulder, if the left lobe the pain will be
in the left shoulder & if the wound be small
it will in general heal soon, & the patient
should use enemas, and lie on hard
mattress and the like. But if the gall-bladder
be wounded its contents will escape into
the cavity of the peritoneum, causing by its stim-
ulus violent inflammation and always
proves fatal. *

When the Kidneys are wounded
the patient will pass blood, urine and
it escape into the cavity of the abdomen
produce death, though the back part of
the kidney may be wounded and the wound
heal without any great inconvenience.

Wounds of the Bladder mostly prove fatal
when they communicate with the cavity of the
peritoneum, but when wounded below that

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cavities are attended with no bad consequences.

In wounds of the joints, if we are not cautious to guard against them, inflammation and suppuration occur; they should be treated with adhesive plaster. Mr. Hoag says, sticks are not necessary; if you use them, be cautious not to get into the joint or else the irritation produced by the thread will cause inflammation of the whole joint.

I saw a case where a turner cut his knee with a chisel; the wound was about an inch long and was oblique, penetrating through the capsular ligament, it was closed by adhesive plaster a long splint was applied so as to reach from the ischium to the ankle to keep the leg extended; no unpleasant came on and the patient in about a week was well. I have seen wounds of the joints, where the bone has been injured and yet the wound got well by this mode of treatment; Mr. Home says we should try always to effect union by the first intention.

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This is a copy of the original as far as the "H" is concerned
from page 03 - and the rest of the page.

Verhuur. 6

+ 67, one last volume in the 1st volume.

Wounds are in all cases the result of mechanical violence. Incised wounds are the effects of sharp instruments: Lacerated wounds are the effects of dull instruments: and punctured may be considered as resulting from both.

Wounds are divided into contused, incised, shot, lacerated, &c. may be considered as so many varieties of contused Wounds. The nature of the vessels are capable of constricting in their action is because their divided surfaces are not injured, and therefore there is no obstruction to the flow of blood. But lacerated wounds are very different their divided surfaces are much injured which impedes the circulation and causes hæmorrhage. Another reason why contused wounds do not bleed much is ecchymosis - the parts ecchymosed and the blood gathered under the skin coagulates, and thereby prevents hæmorrhage.

The vessels in the sides of evacuated vessels are rigid and hasten coagulation in course of time.

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of the dead matter 62 for blood coagulates soon-
er in dead matter than in living.

The incision applies the finger on the vessels
until the tourniquet can be applied. That which
I prefer is the one invented by M. Pettit.

There has been many attempts to improve
the tourniquet but the instrument in it-
self is brought to perfection and all attempts
to amend it are vague. — In order to give
the skin the part should be washed with
a little warm water, and then you may
readily see the bleeding vessels.

Excitation — — Arteries are sometimes ob-
scured if then becomes necessary to use the nee-
dle. In cases when the needle is used it is
necessary that the concave part of the needle
should be turned next the artery to prevent
cutting it with the sharp edges of the needle,
as the needles are sometimes very sharp. I
have seen much mischief done by not attending
to this method. Some object to this
mode of using the needle, & to using the
needle at all. They say, that it, by a com-
pression of the nerves, causes that twitching
and those convulsive motions which occur
in large wounds. But this is not true. Be-
cause I have seen it occur when the

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trunculum was used, and therefore it cannot be owing to the compression, & the nerves where the needle enters are sometimes divided so far in the body, that we cannot see them.

In this case we should take up the bleeding part with the trunculum having previously cast a noose round it, which is to be slipped off round the bleeding part when taken up. Then dress it as directed above with sticking plaster and afterwards with a linseed oil spread over with very soft olive - and confine it with a roller. Linen ~~or~~ muslin (for spreading plaster) is preferable to leather, which ^{becomes} is corroded in a few days. In transverse incisions of the thigh, the ^{incision} should always be extended. - The position of wounds should always be attended to, - as, the particular situation is of immense consequence.

Wounds of the joints should likewise be treated with the limb extended. The bad effects of an opposite mode of practice where the sides are prevented from coming together & which may be seen in the following case.

A patient who had received a wound in the knee joint was treated in this manner & in consequence, afflicted with fever, delirium, twitching, convulsions &c. so that he could not sleep, unless two persons sat by

I am
 very
 truly
 yours
 J. Allen

him and held the limb; - abscess formed
under the capsular ligament, both above &
below the joint. ^{very large} When the dressing was
taken away a considerable quantity of
matter, together with the synovia of the joint
was discharged, and great inflammation
of the joint had taken place. This at first
was a clean incised wound. After this an
oedema came on, but which was cured by
mercury & ~~cataplasms~~ ^{cataplasms}. This case however got
well in four months. Besides the com-
mon dressings in wounds of joints we use a
splint for the purpose of keeping the limb
extended, this prevents the usual symptoms
that occur, without this precaution, such as
delirium, twitching, &c. together with inflamma-
tion of the divided surfaces caused by the edges
rubbing against each other. It should be app-
eared so as to prevent all motion of the joint ex-
cept a very slight motion if it is much injured.

The situation of the limb when we expect
union is where we wish it to take place
we leave according to the limb affected. If it
be the elbow the arm should be kept moderately
flexed, for if union of the bones take place
when the arm is straight the patient will have
no use of the limb, so that it will be very in-
convenient. But if the elbow be somewhat bent

† in case of compound wounds of the joints as
Americans call compound dislocations - if the
joint is not dislocated it has been dislocated whether
it should be amputated or not - if it is not done

* It is in the neck must be elylore i condue
of the neck - as i condue. as i condue
the cartrages will be removed - motion at a lig-
ament will connect the bones. as i condue
perfect union - i condue. as i condue. as i condue
best application is a meat & meat. as i condue. as i condue
+ But there are some cases where the joint return
to its natural state & must ankylose.

There is more danger if the joint is ankylosed
he be a young person or

from the violence of the inflammation; and if
the Patient escape this by being much relieved
he is in danger of tetanus, ^{if he escape tetanus} suppuration
and hectic; and consequent amputation.*

There is more danger of these symptoms
occurring in warm weather and in persons
who are accustomed to drink spirituous
liquors. — Actual stiffness of the joint is due
to adhesions formed between the capsular
ligament and end of the bone. † Before
a joint can become ankylosed the cartilage
must be removed as they never unite together.
I shall show you by what means this is ef-
fected. It never inflames, suppurates, granu-
lates, becomes carious, nor sloughs off, but is re-
moved by the absorbents; granulations are then
thrown out from each end of the bone and
uniting together render the joint ankylosed,
forming but one bone. It follows this, re-
cess I've should keep the joint still. For if
the united parts be torn asunder they do not
readily unite afterward. Authors do without
being able to assign a reason for it have ad-
vised to saw off the ends of the bone, this re-
moves the cartilage and if the union without
giving time for them to be removed by absorb-
ents.

+ I believe we must be careful not to remove the bone with a knife, unless the condition is such that it is long enough to be removed. To remove it I will advise you to wait & often water.

† But it can be done about upon this. In no case can a bone be removed in any part of the body without making a number of the small bones. I put this in the case of the hip bone.

x I mention that I would not advise a very small operation, if not to be done - which is not a very small operation, if the point is at the piece of bone to be done.

^ It is a very common mistake to make a mistake in the case of the bone, and to make a mistake in the case of the bone, and to make a mistake in the case of the bone.

But this is a ⁽⁶⁷⁾ bad practice, because it
causes great pain and is performed with
difficulty, and great danger of wounding
the surrounding soft parts. A splint
should always be used to keep the limb
perfectly at rest. --- of Wounds of

Nerves, and Tendons. When a nerve
is partially divided it is said to produce
great pain, convulsive twitchings &c. and
this was said to be the case, when these sym-
ptoms followed phlebotomy. The inflamma-
tion and swelling of the arm sometimes
occurring after phlebotomy I shall account for
in a different manner. --- When a weak-
ness is felt in the arm immediately after
bleeding, if the operation is attended with
pain, and if it increase and become worse
for two or three days instead of better then
we may suppose a nerve or tendon is in-
jured. Perhaps the best symptom of a woun-
ded nerve is a numbness and partial pa-
ralysis of the arm below to which the nerve
goes. --- Wounds of the tendons are no worse
than wounds of other parts, unless it be

A wire may be run down and connected -

* of which should be applied over the incision
and it is not sufficient to have the in-
cision.

+ The edges of the ~~incision~~ ^{wound} are to be brought together
with adhesive plaster -

+ This may be done in 2 ways - 1st be fast-
ened with a roller to the foot causing it over the heel
up the back part of the leg and securing it to
the thigh, or, 2nd by a piece of pasteboard pla-
sted on the anterior part of the leg and secured
it to a roller -

structures of the fasciae. There are sometimes
thrusts with inflammation of the parts
underneath them, ^{from} and suppuration, ~~which~~
often ~~the~~ inflammation is an attendant upon
wound in the fascia of the neck, of the
scalp &c. and matter is collected underneath
the incision, should be made to give dis-
charge to the matter. Sometimes the tendons
are cut quite through, — they require no
different treatment from other wounds.
The limb should be secured in the best po-
sition. When the tendo achilles is divided
which often happens, the toe should be ex-
tended, care should be taken however in all
cases of wounds occurring just above the heel
not to make too great extension, but just suf-
ficient for the divided end to come in con-
tact; for too extending the toe, too much will
throw the skin into wrinkles, and bring
them into contact with the divided surfaces,
and prevent their union. This sometimes
will happen from the contraction of the
foot even with a moderate extension of the
toe, turning the ^{the} eyes in so that it cannot
be so adjusted if occurs the ~~whole~~ eyes must be
fixed out and kept in by means of ~~stitches~~.

+ Hounds of the Acinus

They did ~~not~~ ^{not} ~~not~~ ^{not} sometimes find after
retaining it for one, or two weeks without any
symptoms of healing. The skin should be turn-
ed out and kept so by the interrupted
suture. When the tendo achillis is divided
the foot should not be used for 6 weeks. -
The inflammation and swelling consequent
upon the laceration is best treated of by Mr.
Cramer in a paper upon inflammation
of the veins, published in the 1st volume of
the medical and philosophical transactions
which I shall read to you. -

When the symptoms above mentioned
occurred it was supposed that a ^{or tendon} nerve was
wounded, and that the person was in a state of
paralysis, or that the constitution was bad, but
the inflammation is seen to remove this res-
trent viz. for the efflux in the vein not
impeded by the laceration. It has been pro-
posed by Mr. Baile in the same circumstances
to divide the soft parts above the wound by a
reverse incision, to a considerable depth
so that the nerves might be divided. But
this measure never has been done; though it allu-
vies pain, and Patients have got well after
such treatment. It should not be done because

* When inflammation follows blood letting
generally seated in the internal coat of the
vein. This inflammation sometimes causes
thrombosis to take place between the sides of
veins and abscesses are formed. Sometimes
pus formed in these abscesses, passes with the
circulation to the heart and destroys the part.
I have heard of an instance of a man having
an abscess formed in the manner just mentioned
of who upon raising his hand to his head
very soon after, died. In this case it may be
be a question whether the pus from the
abscess passed to the heart and induced
death in that way, or whether the inflam-
-mation travelling along the vein reached
the heart at that very instant.

The latter I think most probable.

(76)

because it subjects the patient to much, no-
le dangers, and the irritation of pain is
soon made to take of the inflammation
division of the part by dividing it. *

Sutures. I promised in our last lecture
to give you a description of sutures, at our next,
I shall therefore, proceed with that subject.
The kinds of sutures which I prefer are the
interrupted, and twisted; and first of the
interrupted. They are nothing more than a sim-
ple stick, made by means of a needle passed
from one side of the incision to the other, through
the edges of the wound: this done draw the edges
into contact and tie a knot; this however should
not be directly over the wound but a little to one
side and the suture is completed. ---

Twisted sutures, are effected by means of a sil-
ver wire secured in a steel point which can be
taken out and on at pleasure. This is passed
through the edges of the wound from one side
to the other, which being done draw off the steel
point that it may not hurt the patient by its
sharp point, and the wire remains being through

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the edges of the wound; then take a ligature
and wind it round the wire in the shape
of the figure 8 always decussating in the centre
and drawing the edges of the wound in close
contact when the wound has united suffi-
ciently to take off the thread, draw the wire
out gently, and the thread will come away.

Gun-shot wounds. —

These were considered in the early periods
as being a distinct species of wounds. The
acid which issued accompanies
with a black stench, caused them to sup-
pose the effect must have resulted from a
poison, from the pain being burning,
and the acid substances which they appli-
ed to them frequently caused gangrene and
large ~~or~~ ulcers. But these wounds are
now considered as so many varieties of contu-
sion. At the best occasionally the wound
is of a reddish figure the wound is undoubt-
edly a contused one. When the ball goes with
great velocity it occasions the death of the
divided parts. The greater the velocity of the
projectile the greater is the injury done to

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§ 2

the part, for, sometimes the ball passes through
the part and that surface to which it passes
is not always healed and with its
sings, sometimes it is the first in
tention without the formation of any wound.

The dial parts formed into a crust or slough
should be extracted with great care to prevent
haemorrhage. We should therefore wait till when
it is about to roughen, which it gene-
rally does about the 10th day. Some per-
haps might think it necessary to extract
the slough when it becomes somewhat loose,
but all violence should, never, be avoided
if the vessels ^{exposed} are large, for fear of haemorrhage,
which frequently occurs in the jaws & other
in cases resulting from gun-shot wounds) when
no haemorrhage has taken place from
the same vessels at the happening of the ac-
cident owing to the vessels being closed at
the time of the contusion. It is a decided
rich portion of them comes away when the
parts slough, with the skin and matter.

It has been advised to stick pins, in all
recent cases of gun-shot wounds, but it

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would not in all cases recommend blood-letting at first. If the ball moves with a small degree of velocity it does not destroy the divided parts and therefore those cases heal sooner, unless the force of the ball is weak, than those in which the ball partakes of a greater degree of swiftness, because the parts are once torn. Gunshot wounds require the same treatment as other lacerated or contused wounds. When the ball is lodged in the cranium the patient sometimes respiration with difficulty, in such case the ball should be immediately extracted to preserve the life of the Patient.

Gunshot wounds of the Scapula are treated in the same manner generally as other wounds of that part. It is necessary in some affections of the scalp to lay it open by an incision for the purpose of examining the state of the cranium. When the cranium is laid bare by a ball, the exposed part if violently contused should be removed so the contusion might occasion an abscess within the cranium. These occurrences

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24

do not differ from other wounds. I believe they have nothing peculiar in them.

A gunsmith who had been weary of life, had concluded to put an end to his existence, while his fellow men were gone to dinner. He was to accomplish this deed, as he loaded a pistol and applied it to the back part of his ear supposing that the contents would have gone through his head. In this he was however deceived the contents did not enter the skull, but took off his ear and all the contents as to expose the bone. He was however able to walk to the hospital afterwards and to relate the whole circumstance. He complained of great pain in the head, the lining was decayed to length, he was covered with delirium, inflammation of the dura mater came on and he died. Some surgeons advise the tapping in all cases of gun-shot wounds affecting the cranium, but I would only recommend it in those instances where there is a violent inflammation of the dura mater. some

+ when a fish is in a tail position
takes under it impossible to rotate the animal.

the best application

When the more fleshy parts are wounded,
if the ball be situated near the orifice
insufficiently large for the extraction of
the finger it is to be preferred to hold it for
dismissing the retention of the ball; because,
1st the probe would not cover that accu-
rate sensation which is derived from the
finger as to the situation of the ball and
2nd state of the parts, 2nd the probe would
be much more likely to irritate and
injure the part than the finger. If the
ball be superficial the wound may be di-
vided and it taken out; but if deep made
we should not make the wound not use
probes. Long probes are improper for the
reasons just mentioned. I knew a case
of a wound in the ankle where the ball
had made its escape into the it, and was
found lodged above it knee, the skin ha-
ving prevented its escape. Extraction of a
wound in the chest and the ball found
halfway round the body. Liniment, or head-
lard with powder should be applied to
the part and all stimulating substances
carefully avoided. The treatment will

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varies according to circumstances. Sometimes the patient is very much depressed and weak, this should be relieved by anodynes. If the extremities are cold, bark, wine, &c. may be used. Sinapisms to the throat are sometimes useful. We commonly bleed in cases of gun shot wounds but not always, as too speedy removal of inflammation sometimes produces tetanus. We should not bleed indiscriminately in all cases but wait till fever and inflammation come on, and if they are proportionate to the wound, they are salutary, for both fever and inflammation in gun shot wounds are necessary to health. I have seen a case where the inflammation was done away altogether by copious bleeding, the consequence was that tetanus ensued & the patient died. When suppuration has taken place we may use the bark with an invigorating diet, if fever nor inflammation supervene we may continue them, but if these occur we must have recourse to the antiphlogistic regimen. In gun shot wounds we must treat them accor-

+ 6 in

+ 6 in

(77)
due to the nature of the case or injury
done; if the bone be fractured it must be
treated like common fractures or such
fractures occurring from other circumstances.

It is necessary in all cases of wounds of
the thorax to bleed; I have stated 1863
taken in 14 days and the patient recov-
ered. Bleeds applied are sometimes of service.

If the Spine be wounded it occasions a pa-
ralysis of all the parts which receive their
nerves below that injury. If it be in the
neural marrow above the phrenic nerve
it occasions a paralysis of the diaphragm
and the patient dies immediately. If it oc-
curs below that nerve the patient may have
life for several days but most commonly
dies in about 4 or 5 days. In wounds of
the liver I would recommend large bleeds.

If the gall bladder is wounded the patient
is afflicted with great depression and the
bile makes its escape out of the orifice and
into the cavity violent inflammation en-
sues and the patient dies. Wounds of the
stomach are mostly fatal, the patient


+ The wound in the stomach was made
by the 1st intention - I saw signs of inflammation of
the stomach appeared. I believe he would
have survived the injury were it not for the stomach
& other parts of the inflammation. I think with
necrosis had taken place in consequence of
the matter contents of the stomach in part
passing into the colon.

X Repairing - I think it will be
soon healed.

is afflicted with ^{Prostration} a disagreeable sensation,
nausea, and vomiting of blood. A person
who had been drinking a hearty draught of
porter received a wound in the stomach,
the wound was situated equally distant
from the sternum and ribs, the porter in
part came out at the orifice and part
was effused into the belly, his belly was
puffed up in the hypogastric region the
patient complained of great pain and fi-
nally died. ^{Wounds of the bladder prove}
frequently fatal, I believe not owing to any
delicacy of that viscus but owing to the urine
passing into the cavity of the peritoneum &
causing inflammation of that cavity, for
we often see the neck of the bladder divided
without any bad consequences. In all cases
it is a necessary part of the cure we
should keep urine still the food should be
mild, fermenting poultices may be applied
with success to the belly, and the wound
should be joined by an interrupted suture
when situated in the abdomen. When a
bullet passes through a joint it is very

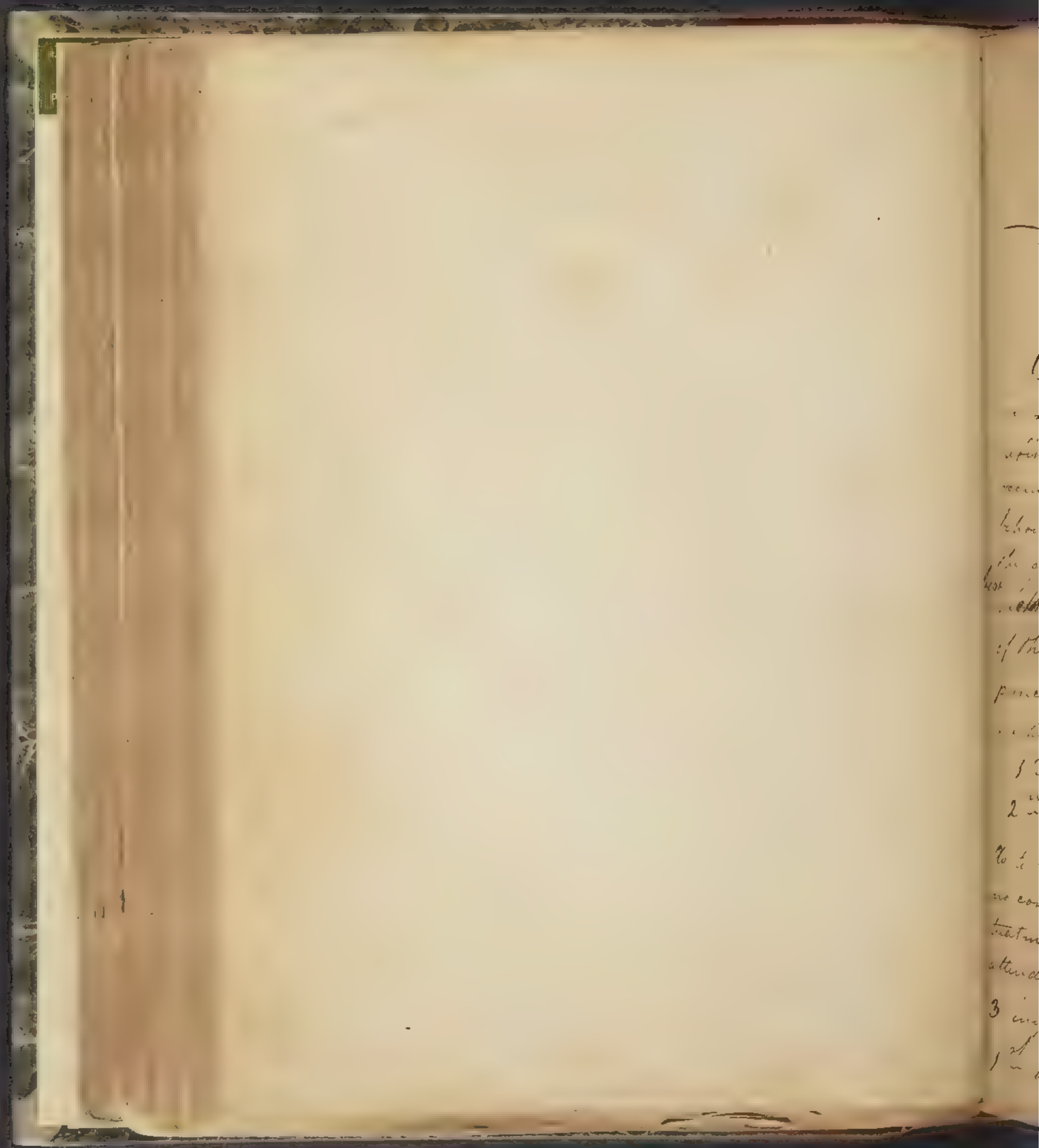
+ But recently. - would protest at the nat

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apt to injure ^{the} ends of the bones com-
pressing the joint. When this is the case there
is a great deal of danger. If hectic fever
supervene amputation becomes necessary.
Lacerated wounds, ~~and sometimes~~ ^{and sometimes} will by
the first intuition. When amputation be-
comes necessary I would recommend it to
be done at first by this means hectic fever
does not come on, we avoid inflammation,
delirium, frequent pulse, cold sweats &c. &
another reason is because the Patient is
more willing to submit to the operation if
performed immediately. 



(80)



Lecture 7th

On Ulcers.

I have said sufficient

in my former lectures to give an idea of the definition of ulcers. They are a very frequent occurrence in the practice of medicine. It behoves those who attend at hospitals to pay the greatest attention to the appearance and method of cure of ulcers since a knowledge of their appearances & treatment constitutes a principle part of our practice. There are two methods of cure

1st By nature, and

2nd By the assistance of art.

As to the causes of ulcers, there are very little or no consequence to the surgeon, the manner of treatment being the only thing necessary to be attended to. — To the healing of ulcers there are

3 ingredients

1st The nature of the constitution.

+ all heat is now out of a red colour & of a blue
in a red. If by the nature of the matter, the
the color of the matter is now a red color.

52

52

52

the granulations added to the edges of the doc
from which is commenced the new skin, for a de.

+ Mr. Baynton has succeeded to approximate the edges with
adhesive plaster which will use much expedite
the cure.

(83)

The production of a new one, a certain re-
sult over which the entire is formed at the same
time & the new skin is continued over the old. This
new production is not a new skin is not
confined to one place as the old, but is spread in num-
erous parts retaining small adherent places or
spots on the surface of the old skin. The intention
of the operation, we may say, is to prevent the
of the skin from becoming too much
the skin, & the dressing should
with a little crease or fold of the skin, ^{applied loosely} so as to
a little more skin than is necessary, so that
if on the one side it is too much, it can be cut
the granulations. Under the dressing, the skin
will be forming a cicatrix. It has more
to do with adhesive plaster, which will be
almost always found sufficient. If it is not
enough, a new one may be put on. It is necessary
to have under the dressing a piece of the
adhesive plaster, care should be taken to be
not to put it on so as to cover all the ^{edges of the} sore as we
should by that means prevent the evacuation
of pus. The parts contiguous should be, in
every way, to prevent the collected matter: if
the dressing does not seem to do with a little

in which
the
process
of
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mind
is
not
necessarily
linear
and
can
be
reversed
at
any
time.
The
brain
is
capable
of
storing
information
for
long
periods
of
time,
but
it
also
has
the
ability
to
forget
information
that
is
no
longer
needed.
This
process
of
forgetting
is
essential
for
the
brain
to
function
properly.
Without
it,
the
brain
would
be
overwhelmed
by
the
vast
amount
of
information
that
it
receives
every
day.

by which also the heat & inflammation of the sore are alleviated.
cool water, previous to the time of dressing. The
process of granulation is assisted by drawing the
sides of the sore over the line. This not only opens the
exit of the sore but likewise subordinates the
necessity for the formation of much new sub-
stance, which is always more or less than that
originally formed. It sometimes happens that
the sides of a sore will not unite when it is
united then it is to be washed with spirits
or we may touch them with a little blue vitriol
or any other escharotic; powdered
chubark has been found useful. If there remains
any surface of the sore if small should be
exposed to the air, to dry and form a crust under
which a new skin will ^{often} form and when the
crust comes away the sore will be healed. It some-
times happens that the flow of pus is so great as
to prevent the adhesion of the sides so that they
cannot close up, an astringent wash entirely obvi-
ates: for this purpose I used ~~the following~~ ~~and~~ ~~used~~
a wash of vitriolum album & sacchar. saturni;
in a Patient of mine, which immediately stop-
ped it; adhesion inflammation came on and
the patient got well in a few days.

+ By a system of the nature of a Roman wall, &
recessed for the sun's rays, & thereby more

[illegible]



26

A lot of men are now coming to the river
and can not give more to the country side

+ The next morning, received in the same manner as
as a plea in an issue. I might next mention that
and consider values under it. It is unnecessary. I
just mention that will be

(88)

dressing to the bottom, it is by pressing
lint or other substances to the bottom of
the wound. This is a very useful prac-
tice as it must send the uniting parts
to keep them amunder, and consequently
prevent their healing. ⁺ All stimulating salves
are to be avoided, these either bring on inflam-
mation or by their acid qualities act as cor-
rosives. By the removal of those unnecessary dress-
ings we put the sore in a state of healing.

This way of dressing to the bottom was the an-
cient way of treating fistula in ano. What-
ever impairs the ^{independent or specific diseases} constitution is an impediment
to the cure of ulcers. The use of spirituous li-
quors acts in this manner as we see ulcers
in people who are frequently intoxicated ve-
ry hard to heal. Hot or cold weather retards
the cure of ulcers. Fevers are hurtful: though
febrile actions sometimes cure ulcers. I have seen
ulceration, ^{as large as the palm of y^r hand} after visiting other treatment for
a considerable ^{6 wks} time, cured by a fever. ^{in ten days}
The simple strength of the constitution has been

+ This is a local degeneration without degeneration of the blood

8

supposed to have an effect in the cure of ulcers,
observation proves the truth of this in general,
as ^{the} parts are able to go through these opera-
tions better; though I think I have seen them
heal equally well in both constitutions. I
shall speak now of the different kinds of
ulcers, under the following heads.

5th, the inflamed area. There are known
by the pain, and soreness, swollen edges, and
are accompanied with an increase of heat; the
changes, or instead of this the distance
between, which has a white appearance; con-
solidated ~~surface~~ ^{surface of the sore} ~~or indurated~~ and around a thinning
tissue of the granulations.

peritonitis. If there be much inflammation low-diet, blood-letting, purging &c. are necessary.

Bread and milk, and the use of the bed, which
is the best support; and the patient should be
kept in bed. When the patient is too weak to
admit of exercise. If the ulcer is situated on
the leg, the patient may be encouraged to walk
when it is necessary; I have seen this sometimes the

+ under the skin of the arm
found a fungus

As the patient's strength is much reduced
this will be in place

cur. considerabi. In the inflammation
too subdued it may be considered and treat-
ed as a simple ulcer in a sound part.

2nd Fungous ulcer. These have large gran-
ulating parts, which are above
the surface, and are so disposed as to
not or to form skin, and are sometimes
very sensitive, bleed from the slightest touch.
In others the granulations are much
less sensitive, this may be treated as a simple
ulcer and covered with a roller. If this is
not found sufficient the excruciating may be
destroyed by lunar caustic. Ashursts sometimes
use the same purpose.

3rd Oedematous ulcer. In oedematous ulcers
there is an extravasation of serum into the cells
of the cellular membrane. The granulations be-
come of a purple colour. The oedema can fre-
quently be brought down by ligatures of adhesion
and raising it to a situation of
position. If this does not answer it may be re-
moved by means of a roller which should be
drawn from the extremity upward.

4th Sanguinous ulcer. In these the granulations are
of a dark red colour.

+ In some old ulcers when the granulations have
risen to a level with the sound skin

In general the maturation takes place over the
whole surface of the sore

+ When the suppuration has stopped

a ~~extension~~ for some weather especially

(98)
 arises from a weakness in the granulations, +
 the ~~surface~~ becomes of a black colour, mor-
 tification comes on and the parts slough. Some-
 times mortification does not stop even at the
 edges of the sore; but goes on roughening at
 one part while the other forms at another. +

This is generally attended with febrile symptoms; but as the granulations die through weakness they should be dressed with a powder combined with laudanum. The part is generally very sensitive to touch. Menstruation sometimes comes upon both tips at once and breaking out whilst the other heals. This point is not at all dependent upon weakness.

The constitution or both sons would be affected
like. In such cases we should use bark,
Opium, nourishing diet &c + bleed to gratify if
bled in milk may be applied. ~~the same~~
~~provision~~ ^{inter} ~~may~~ ^{the} ~~be~~ ^{be} ~~applied~~. Some-
times whilst the mortification is going on mag-
gots will be formed in the dead parts. To ob-
viate this the dead parts are to be washed over
with the nitric, or muriatic acid, diluted with
equal parts of water. After the slough has separated

+ the quantities ... little ...
with the ...

A

+ After the inflammation has subsided, I shall
change the disposition to the same nature, to be
from accident.

+ Mr. Bagnon says the adhesive plaster will not
answer.

:

to remove the callous edges. This may be done
either by the knife, or by caustic, &c, it may be
done in various ways, &c. &c. means of bandages
& pressure. When the caustic is employed we should
be careful in its use & it to the ^{middle} of the sore
& it will sometimes be necessary to apply it over
the whole surface of the sore) until the ulcer puts on
a healthy aspect; taking care after it begins
it need not to touch apply it near the edges
or we shall by that means destroy the granu-
lations & retard the cure, making the ulcer
more. Under this head I shall speak of mercury.

Mercury is sometimes very useful in the cure
of sores, given in small doses: But if this is
found insufficient we should increase the dose
sufficiently to create a gentle lymalism. A lin-
iment of mercury is sometimes used, &c, we may also
use a solution of lunar caustic in the part; or it
may be sprinkled with red precipitate. Unquention
is also used.

"O" Difficulties arise. When the dead part of
the sore becomes a stimulus to the adjacent parts
to separate, the dead portion, &c. do not

+ *George's tent* *remains* *the* *consequence* *to* *debate*
the *issue* *very* *effectually* *now*

94

...which produce inflammation of the bone:
But I mean when at any time the por-
tion of bone becomes ~~loose~~ ^{loose} it ought to be
immediately removed, if possible; but when
the bone is situated in the new granulation, it
is difficult to determine whether it be loose or not;
especially if the piece be large. I mean however in
discovered by the introduction of a probe; if the bone
be tight no pain will be felt on pressure with
the probe; but if the bone be loose great pain will
be caused by a very little motion, in consequence
of pressing the dead part upon the new and ten-
der granulations; if blood follow we may believe
the dead portion to be loose. If the bone is loose in
order to extract it, it will be frequently necessary
to make an incision down to it for the extraction
of the loose portion; this should never be delayed
when practicable to remove it, for granulations taking
place forming a substance nearly of the consistence
of bone which increasing the osseous part, prevents its
removal. Sometimes the detached piece is too large to
make an incision sufficient for its removal; because
if we divide a vessel in so hard and callous a part
it will be very difficult to take it up;— to avoid

+ In ascending to the operation is recommended for
patient to stand on a table on which is placed
the lower end of the leg - the knee joint
will be completely included with the foot & the
lower end of the leg in the same position
as when it is placed on the table - the foot
will be placed on the table - the lower end
of the leg will be placed on the table - the
lower end of the leg will be placed on the table

1 And the Patient placed in a horizontal position before
The vein is tied to free it from all the blood

2 + The ligature will generally come away about the 9th or
12 day: but it is not necessary, it should remain a
long time &c

* sometimes both the trunks of the saphenae are affected
& require to be tied - But it will not be necessary
to tie both when one only is affected

X is universal ulcers - ~~the~~ ~~trunks~~ - canes &c

a scalpel, which will sufficiently expose the
 vein; a silver needle with a blunt point is to be
 run into a ligature and passed round the
 vein. A split is a small piece of linen rag over the
 vein directly under the ligature, pinned to the ligature,
 so that when the sides of the vein have united the
 ligature may be removed without injuring the vein.
 The common. The ligature may be cut away about
 the fifth day. After the ligature is secured, the edges
 of the wound may be brought together by adhesive
 plaster, and a pled, it of lint applied so as to press
 on the vein above and below the ligature. If the
 aneurysm is mirrored, both branches of it must
 be secured. *

The eighth species are caused by scell, or,
constituted circumstances, and sometimes by
 a peculiar disease action. There may be a
 third in let ways. The first are entirely etc.
 may be cured by cutting, the vein is ^{put} out by a
 knife, but if the place is not after the operation
 is in venous tubercles, cancers, &c. the parts of the
 are a ingrown, requires the frequent use of can-
 ic. 2nd etc. the continuation of the ulcer etc. so
 from an constitutional injury, that injury must
 be removed before the ulcer can be cured.

X

47
Lecture. 2^d

Fractures

of Fracture is the complete solution of con-
tinuity of a bone, occasioned mostly by external
violence; but this however is not always the case
because the patella is sometimes fractured in con-
sequence of muscular contraction alone; and
the humerus is sometimes fractured in the same
way. Bones are supposed to be more brittle in
frost weather, and therefore more ^{equally} to be broken
in cold than in warm weather; but another cir-
cumstance, the contraction of the muscles, contri-
butes to that end. For instance when we pass
over ice the muscles contract with vehemence, &
a sudden slip or a fall occasioning them to
act with greater force frequently occasions a
fracture. This is proven by intoxicated persons
who seldom break any of their bones in slipping
or falling, which is owing to the greater relax-
ation of their muscles. If a bone be broken it
is said to occasion great pain on account

+ increasing convulsive action of the muscles.

* In general the convulsive action time is longer when the limb is reduced -

the sharp edges of the bone fractured or lacerated
piercing the soft parts & not union cured
the limb is frequently shorter than the other
owing to one point of the bone passing over
the other. the limb readily admits of flexion
at the injured part, and is often distorted.

Fractures are either Simple, or, Compound.

A simple fracture is when only the bone is
broken without any external communica-
tion. A compound fracture, when there is a
division of the surrounding parts so as to ad-
mit of external communication with the
cavity of the fracture. If the external com-
munication be small it frequently heals by
the first intention similar to a simple fracture.
I have seen several compound simple frac-
ture.

of Simple fractures. In the treatment of a sim-
ple fracture of the extremities the limb should
be placed in a state of relaxation and the ends
of the bone brought into their exact position. * This
in general is easily effected; but when it cannot
be accomplished by the ordinary means the
patient may be bled ad triquium animi.

If much inflammation supervene it should

after the first step

be reduced by bleeding and the antiphlogistic regimen. As purging is very inconvenient it should be employed just sufficient to keep the bowels open. The limb should be kept in its position by means of splints & bandages. Splints are stiff, firm substances and are of three kinds, wood, leather, and pasteboard; of these the last is preferable because it can be moulded to any figure by wetting it in hot water and adapting it to the part and when dry it maintains its figure.

We are very often not called to the accident till several days have elapsed, and a considerable degree of swelling inflammation and swelling have taken place, this should be reduced, before we attempt the reduction of the limb, by bleeding low-diet and the application of lead-water poultices; as union does not take place when much inflammation is present.

I may venture to propose this as a general rule, that, at the end of 8 or 10 days we should always examine the part; if any displacement has taken place and an alteration be necessary you may make as much as you please.

The patient should be kept to low-diet and

+ in a reaction to L.S. if you can get it in
anatomical symptoms. If it is a reaction or stimulation, it
unhappily or worse it may not be so, but it is
made at all --

+ the bones of young people are more, than
old ones --

simply at all, but gives a kind of joint and
in fact, the ends of the bone are as loose as if they
were cartilage. I have a sort of capsule or ligament --

the ~~fracture~~ ^{1st}! The measures at first should be
locally applied, as the limb swells, but the
circulation may be stopped and no more necro-
tification. The time necessary for the healing of
fractures depends upon the age, constitution,
and place of fracturing, likewise upon the
size, and situation of the bone &c.

Fractures of the Lower Limb near some than
one of the Femur. In some in some circum-
stances does not ~~unite~~ unite. Two cases of
fractured legs of this kind were cured in the
Hospital by moving in such a way as that
the extremities of the bone might rub against
each other. This was effected by causing the
patient to support himself upon crutches,
and, moving about, to bear as much weight
as possible upon the injured limb. which
irritation seemed to cause the most necessary
in the formation of bone with action. This was
not very much accelerated the union. In
this irritation the ultimate inflammation is
necessary, coagulating lymph is thrown out
which soon becomes vascular, then cartila-
ginous & lastly forming bone itself. ^{the bone} ~~the bone~~
Hunter says when ~~parts~~ ^{the bone} will not unite we
should make an incision down to the bone, but

a faintest and terrifying

+ 2. old people it should be kept in for a long
time; but it appears to me that the soft parts have
now begun to form bone first.

does not tell us if we have such
a case. It has been recommended to make
an incision down to the bone in such cases
and amputate the fractured ends, in the same
manner as recommended in wounds of the joints;
but, this is a very dubious operation, and cannot
be performed in all cases, as, in fractures
of the hip, is proven. I would rather advise
to pass a seton between the divided ends of
one, which is a much simpler method
attended with much less pain, less inflam-
mation and can usually be repaired in a
few situations. I have performed the opera-
tion in this manner with very good success.

I was once the possessor of a needle wound with
a skin of silk between the divided ends of
the bone this was irritating the part caused
suppuration and excruciations and in 12 weeks
the patient complained of much more
pain in walking the arm of that part; then
amputations were made leaving only the
small bone of the seton which healed in a
few days after the seton was removed. I have
since received more notice by the first in-
tention. Union ^{of bone} is more true than ^{the origin of} the fleshy
parts. The considerable length first becomes

+ In this way the substance called callus is formed which being of larger diameter forms a tumor on the bone at that place; but it gradually diminishes becoming like any soft tissue till it differs but little from the bone itself.

is punctured, lacerated, or

Again the soft part may be much bruised; the bone broken into several pieces by the same force applied as when it has been run over by a waggon or any heavy substance falling on it again.

102.
vascular, then cartilaginous and then bone; at the first the granulations are fine & vessels.

If the wound is greatly inflamed and union by the first intention fails, suppuration and granulations supervene and the granulations when examined are found to be vascular only at the extreme point the other parts being of the nature of bones. In

Compound fractures the first bond of union is lost, as the blood which effects that union, escapes through the external orifice. Compound fractures sometimes partake of the nature of simple incision but much oftener however they are contused, the fractured ends of the bone being so blunt as to tear the soft parts. Fractures may be transverse, oblique, longitudinal, or spiral. Compound fractures are attended, sometimes with profuse hemorrhage. When much blood issues from the wound we should apply a tourniquet on the principal artery. When the blood is thus stopped we should next determine whether the limb can be saved or not, if it be so torn and

+ It is a very immediate and easy way, and
little subjects design and then register
the bond - But...

+

+ by paper and a picture

+ By the living like, there is no copy, but of a
and picture in the by and can not be stopped
by other means, the general nature must be
kept

believed that the circulation cannot go on to the extremity amputation must take place. If amputation be necessary I would prefer it immediately as we sometimes hear that men prevent tetanus and like. I think the patient is generally more willing at that time to submit to it. — In amputation sometimes considerable haemorrhage takes place from the medullary vessels.

Dr. Gooch mentions a case in which the stream of blood flowing from a medullary artery in the tibia was equal to the size of a crow's quill. He proposed to make two perforations near the end of the bone with a small trephine which was agreed to and the artery by this means laid bare and secured: but I have found in amputations of the medullary arteries the column of blood effectually stopped by a cedar plug being thrust in beside the artery so as to keep the orifice completely together and left for 8 or 10 days till union of the sides had taken place. When the inflammation is great it demands our attention for if the in-

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hor

(104)

Inflammation is suffered to run on to
the suppurative stage the patient will
be greatly ~~inflamed~~ weakened by the
discharge of matter; his constitution be-
comes much emaciated and hectic fever
comes on. When the discharge is very copious
and hectic fever has taken place ampu-
tation is advisable

[Faint handwritten notes, mostly illegible.]

Lecture 7

Fractures— In compound fractures we should endeavour to remove the splintered portions of bone (when any) if it can be accomplished readily; but if the pieces are attached so as to occasion much pain in extracting them we must omit it till the process of suppuration has completely taken place— Sometimes happens that the external communication is such, so that the blood coagulates in the opening, coming, stopping it up & undoes the external defect so that the bone unites as in a simple fracture— But if it does, it too must be removed with a view of assisting nature, the surgeon should be careful not to wash out the coagulum, the fracture would be rendered a compound one & go through the process of suppuration and cicatrizing. If the external orifice be very small a portion of dry lint may be bound on it which will become wet with the blood,

+ some sinuses are filled of large vacuations
first a. account of the copious discharge which
takes place feeding & in short when the, at
as, then too much not collecting, but the
inflammation which increases is the cause
of the discharge of matter.

or, I form a scab. -- After the bones are
 reduced when the ends are not splinted, the
 edges of the wound should be brought into
 contact & secured by means of adhesive plas-
 ter. I read a case of compound fracture of
 the tibia where the ends of the bone had made
 their way through the "contiguous parts, the
 incision was an inch & half in length and
 notwithstanding it united as a simple frac-
 ture and the Patient got well in about
 six weeks. -- If inflammation run too high
 it may terminate in mortification. To prevent
 its occurrence from inflammation we should
 bleed & apply bread & milk poultices -- the
 bleeding should be pursued as often as
 it is indicated. + But it is necessary to distin-
 guish between mortification caused by in-
 flammation & that which proceeds from
 weakness. If it be occasioned by weakness
 opium, bark, wine &c should be adminis-
 tered. -- If mortification be brought on
 by inflammation in compound fractures
 apply a blister. It will here be necessary
 to distinguish between that mortification
 which is produced by the part being
 killed

+ 2 more

104

in consequence of the violence applied
& that which is the effect of inflam-
mation induced by "the violence": as the
parts in the first having lost their life
must necessarily slough. Bones cannot
bear a great degree of inflammation with-
out losing their life. — Particular bones
and first of the —

Bones, the Nose — these bones tho'
not so frequently as others are yet never-
theless sometimes broken. Sometimes the
fragments are pushed into the nose which
occasions a difficulty of breathing. When in
this manner they may be reduced by in-
troducing a narrow spatula or something
of the kind into the nostril, & when re-
duced it may be retained in its place
by means of a gum elastic catheter.
If the project outwards they may be
kept in place by applying a compress:
or after they are reduced they may be
kept so by means of leather straps secured
with adhesive plaster — If the soft parts
are injured apply bread & milk poultices.

+ ... de l'été

of the Lower jaw. Tracings of the lower

jaw occur sometimes at the summit of the
but most commonly occur at the side
and in one side only tho' they sometimes
happen in both. They occur most com-
monly between the chin & zygomatic. The
coronoid processes are seldom ever broken
because they are so well surrounded by
muscles; and if ever only but one mac-
ture of the coronoid. We can easily tell
when it is broken, tho'. The fragments are
not dislocated, by moving the finger along
the bone, it will occasion pain, & the
patient cannot press the jaw against the
bar; when the fragments are displaced, it
is soon felt the mouth is much smaller
in motion. When the process is on both
sides the digestive muscles are drawn down
a suppurative abscess & the lower muscles
draw the angular point forward. --

Treatment - Some surgeons advise, pieces
of plasterboard to be applied on the jaw to
keep it in its place; but the upper jaw
acts as a splint to which the lower jaw

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may be fixed by a roller. I push the
 teeth directly together drawing the rows ex-
 actly over each other, and compress the
 jaws with a roller. That which is most
 commonly advised is one with four heads, ap-
 plying the body of the roller over the
 anterior and under part of the chin
 then drawing two heads directly up-
 wards over the top of the head & the other
 two heads from the anterior part round
 to acquire a four head alternately —
 I prefer a simple roller. It will an-
 swer every purpose. The Patient should
 be kept upon spoon-food & forbidden
 all conversation; & should not move his
 jaw for several days. The dressings
 should be continued for about the
 space of three weeks by which time
 union will take place. Not unfrequent-
 ly the teeth are loose & under cir-
 cumstances Dentists have advised to
 extract them this should however on
 no occasion be done for fear of making
 a compound fracture —

+ When the processes of the brain are fractured
the consequences to be apprehended are not
serious &c

^ Above the 3rd vertebra

Compound fractures of the lower jaw are mostly accompanied with the death of the ends of the bone

Bones of the Spine . + When the

spine is wounded there is always an extravasation of blood from the vessels at that place which extravasation presses upon the spinal marrow. Some have advised to make an incision down to the bone to discharge this effusion, but as it is very uncertain whether it is posterior or anterior to the spine, & if in latter it cannot be of any use, I would not advise it. When the injury takes place in the neck, which it most commonly does, a patient shortly ^{afterwards} ~~has~~ ^{experiences} a paralysis of the lower limbs comes on and likewise of the bladder so that the patient cannot void urine, nor scarcely feces & breathes with great difficulty. As it is only the diaphragm which carries on inspiration it is dangerous to lay the patient on his face any length of time, as thereby,



(111)

The pressure on the abdomen would force
the abdominal viscera upward & prevent
the descent of the diaphragm. If the in-
jury happens lower down the patient may
survive a longer time, but I never knew
a case of the kind from which any one
recovered. The patient is compelled to lie
on his back & the parts on which he rests
mutilated. When injuries of this kind
have occurred in the neck distention
has sometimes proved serviceable. Though
this is almost always of no service yet
for the satisfaction of the friends of the
patient we never put it in the head. To
effect this we must pass two bandages round
the head; one from under the chin over the top
of the head, the other from the occiput round be-
fore it & secure them together. An instrument
is then formed fig. 1st in the state being ex-
cavated a rim is fixed upon one shoulder & having
a screw at the top, & a hole in the piece directly
under the screw to admit the ends of the ban-
dages. In this manner the extension is made against
the shoulders (previously having put a pad upon
each) by stretching the bandages in

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of the
in the

(112)

in consequence of turning the screw
above. The Patient at 1st Hospital appeared to
die from the means of action, in the trachea and
obstructing respiration; owing to the weakness of the
expiratory force.

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Lecture - 10th -

of the Bones of the Pelvis

The bones of the pelvis are very seldom fractured owing to their great strength: though I once saw the os sacrum split through. The patient cannot stand up - suffers great pain conveying a sensation as if he should fall to pieces. Motion of the parts the crepitus may be perceived. Treatment.

All that is necessary to be done is to confine the Patient to one position, and that should be the most easy, & pass a roller round the pelvis according to the nature of the case.

of fractured Ribs. The ribs are seldom fractured individually. Sometimes four or five are fractured at once. The most common cause of fractures of the ribs are falls; or, substances falling on us.

I have seen many from the falling of

9 gives a coaching note

mapes I did. (114) Fractures of the ribs are
commonly attended with great pain
when the patient takes a long inspiration.
A hacking cough is mostly a concomitant
symptom. By applying one hand on the
side where the patient coughs, the crepitus
may be readily perceived; and if the lung
be wounded the patient expectorates a bloody
mucus, & air passes into the cavity of the
thorax. If this action takes place only in a
small degree is of no consequence. There
will be a small irregularity or angle at
the place of fracture. If more pieces on the an-
gle it is of an irregular shape. Sometimes
a swelling of the body takes place called
emphysema. It is occasioned by the air
passing from the lung into the cavity of
the pleura which at every expiration issues
into the cellular substance & sometimes makes
its way over the whole body. When the emphyse-
ma is partial a cloth wet with brandy
may be applied to the emphysematous part
and confined by a roller. Dr. Hunter has
published an account of the treatment of such

+ Midway between the stern and spine —

cases, in the 2nd vol. of the London Medical observations, which I would advise you to read.

It sometimes serves us necessary to make a puncture into the cavity of the chest, in order to discharge the air. When this is done it is only a small puncture between two sound ribs, or else we may let the air to the fracture and convert it into a compound one. Though it is already in reality a compound ~~wound~~ fracture yet if performed properly that it would in future be so small that the bone unites like a simple fracture.

The air in the cellular texture may be let out by punctures if it become necessary.

Though it never produces inflammation or suppuration in the texture of wounds. In the

treatment of fractured ribs a wide bandage should be passed round the thorax as entirely to prevent the motion of the ribs. If great inflammation supervene treat it as peripneumony. Wide bandages should be passed round the thorax to prevent their slipping down. For the cough which often remains some time the patient may

+ sometimes small doses of lig. land. are very
serviceable -

+ from the sculpula

take a stannous mixtⁿ; or, a solution of gum arabic in water combined with a portion of laudanum. In about three weeks union will have taken place between the fractured ends of the ribs. Of fractures of the upper extremities, and first

of the clavicle. The clavicle is most frequently fractured about the middle & it generally slopes inward & downward. When it is broken in the middle a displacement of the scapular fragment takes place downward & forward with seldom any displacement of the sternal part. The former most commonly being below the latter. The weight of the arm causes the first & the action of the pectoral muscles the latter. Respecting the length of the bone its shortness may be attributed to the action of the pectoral muscle. If the clavicle be broken within the ligament at its connexion with the coracoid process, it cannot be displaced & is frequently overlooked by the surgeon. This circumstance should be well remembered; for by being

[Faint handwritten notes, mostly illegible due to fading.]

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overlooked the little motion it is allowed
may prevent its healing & produce an
abscess & thereby cause a compound frac-
ture. But if it be broken in the middle
the scapula may be easily felt upon causing
a motion of the arm. A Patient with a frac-
tured clavicle cannot raise his arm, and
likewise the shoulder on the side with the
injury will be much lower than the
sound side.

Treatment. The treatment
of Fractures has been greatly improved by
the Ligament. Formerly the patient on a
fractured clavicle to treat the patient on a
stool & cause an assistant standing behind
him to place his knee between the patient's
shoulders & take hold of the ~~patient's~~ shoulders
with his hands & pull them back for the
purpose of making the extension: sometimes
the arms were introduced under the arms.
A bandage & a brace was applied round
the shoulders & under that the patient
in the form of figure 8 & the patient's arms
supported in a sling: but in the most

+ m of horse hair wool &c -

treatment there is nothing to prevent the pectoral muscle from drawing the superior fragment under the sternal one. I believe this is the present treatment in England. This method is however of no service & attended with one very great inconvenience viz. ex-
 citation of the axilla. I shall now speak of Desault's method. To prevent the scap-
 ular part from passing below the sternal one a pledget should be applied under the arm and secured by a roller. This roller should be passed several times round the body to prevent its slipping down.

The pad ~~also~~ enables the arm to act as a lever to the clavicle & effectually prevents one fragment from passing under the other. The pad may be of muslin or flannel the latter answers best.† Another bandage is to be applied round the body & over the arm drawing the elbow close to the body & to keep up the extension of the clavicle. It may have one or two turns under the wrist to support the weight of the

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forearm; or, a strip may be knotted round the
 wrist & pinned up to the other bandage to
 support its weight. A piece of soft flannel
 or linen should be placed between the
 wrist & body. The weight of the arm
 should be supported next; for this purpose
 an assistant should take hold of the elbow
 & push the arm upward this done a bandage
 is to be passed round in form of figure 8
 beginning as follows;—lay one end on the
 breast, pass it over the fractured bone, under
 the elbow, & over the same bone again, then
 across the back, under the opposite axilla,
 across the breast, and so over the fractured
 bone again, pursuing the same course as
 before. We should then feel the pulse to see
 if the circulation goes properly on. The ban-
 dages should be continued about four
 weeks by which time the union will
 have taken place: though I would ad-
 vise to continue them one week after this,
 as the union would consequently be very
 weak.

+ the morning, & snow to be continued in the afternoon

x & when the vapors moved the river, they went
unaided still on

Figure. - 11th -
of the Scapula -

[illegible]

+ This the scapula is drawn upwards to the
lens major

Downward

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and forward. The action of the
~~the~~ ~~muscles~~ ~~is~~ ~~scarcely~~ ~~in~~ ~~an~~ ~~entirely~~ ~~in~~ ~~the~~
and cannot be pushed upward, to remove
this the hand should be brought forward
to the same shoulder which draws the scapula
round so that the scapula will come
in contact with the fragment.

Bandages should be applied in such a
manner as to secure the motion of the arm
and in this position a splint is no
more to be applied.

"S. H. M. H." This is a splint
which is worn about the middle. It can be
applied about this place. It is used for
ascertaining this situation. The
splint cannot be in the arm or use it in
any degree; it likewise tends in arm. It is
the same as extension be made by applying
the splint in fact. - The splint should
be held in the concave, bending the elbow,
and making it a little way from the
joint the muscles in a quiet state of
motion: must be assisted so that the
old wound the splint will be well

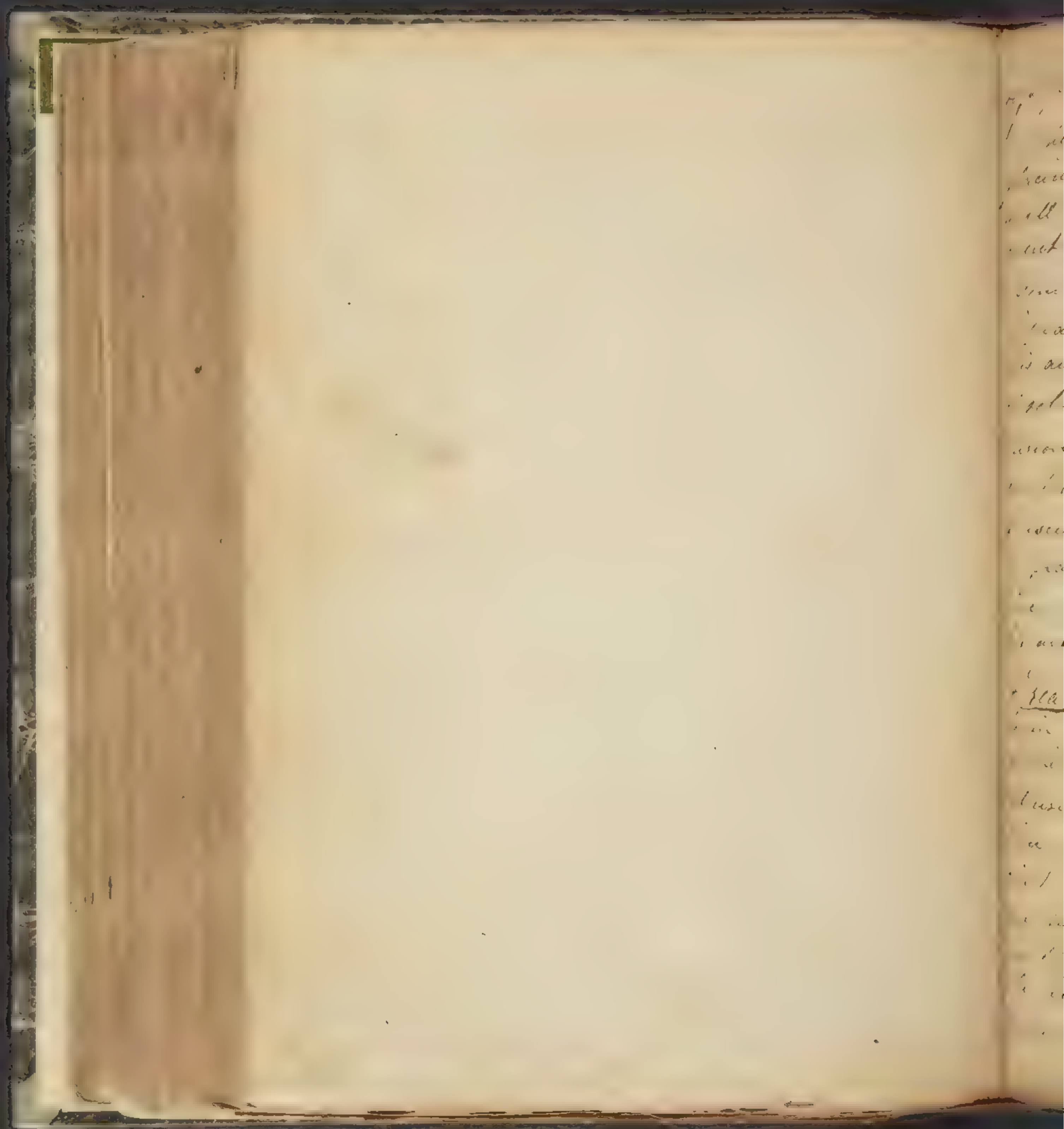
+ in take

[illegible]



will be so soft that the displacement
shall not take place. The treatment
is medical. 73 The more of the weeks we may
omit the bones are healed. The bones
swell much and the capillary vessels
are the cause of the swelling. It is so de-
monstrable.

Sometimes the os
humeri is fractured near its head; the
fracture is complete, and the motion
of the arm is greatly impaired. The
fracture is, however, in a line against the side
of the humerus. The lower fragment is inward
toward the thorax in most cases. I never saw
a case where it was either before or behind.
If the inward the elbow stands off from
the body; outward the elbow comes in
toward the body. The bone is broken
in two or three places. The bone is
found close upon the axilla. It is
not able to support the weight
of the arm. Fractures near the head of the
os humeri are sometimes seen to the fore
part of the bone, and the bone is reduced to the sup-
posed position after some course. At the same
time the swelling is cured and the arm is
restored.



184, 185, 186 is sometimes to be seen suppurating
 this disease is now and then found, by
 placing the finger in the axilla where the
 small intestine is seen the finger
 must instead of the round neck of the
 intestine, the lower segment is
 situated near the right arm and
 this arm, we are unable to tell the precise place
 of solution: but by extension and counter-ex-
 tension being made the edges are made to sit
 in holding the arm. The small intestine is
 a certain distance from the surface to be treated
 practised, for if the latter is too low
 i.e. too inward, the patient cannot rotate
 the arm as usual, it is supposed to be 2 or 3
inches. For punctures in the neck of the
 in the bandage at the neck and under it
 it is shown after a certain time counter-
 extension have been made. In plants that
 are to be applied: two will be suffi-
 cient if they are broad, but three if they
 are narrow, applying one before, another
 on the upper side of the arm, and one on
 the under part of it: these are to be secured
 with cotton. The lower segment is to be kept

+ 74th in the line were some selected pieces
of all arms changed the parts a little
from 100

A piece of paper, which is best made of
 a piece of paper folded up and placed in
 a basin. This had answers the place of a
 sheet. This being done the run is to be extended
 to the other end round by a broad roller. I
 find the roller as a thing admits of too much
 motion. In about four weeks the bone will
 have united. Strongly we should examine it
 at the end of ten days. At which time the
 ecchymosis which frequently appears, in con-
 sequence of the blood-vessels being injured by
 the broken fragments, will have very likely
 subsided. You are better enabled to judge of
 its proper situation. I once saw a case where
 there was so much ecchymosis that I could
 not feel the bones at all. Mr. DePauw advises
 when the effusion is great, to make a free
 incision down to the parietal cavity & draw
 out the fluid, but this renders it a co-
 rruptal puncture & should not be done. The
 natural process of absorption will most
 move it. If however at the end of three or
four months it be not absorbed a small
 incision may be made into the cavity to
 discharge the fluid. As soon as the puncture
 is made, the edges of the puncture should be



brought into contact & secured by plaster
 so that the arm is in a neutral position & the
 intention is to keep the humerus in place
 & prevent it from moving. The humerus is also some-
 times fractured transversely near the end & the
 ends are brought into longitudinal contact at the same time
 as to rotate them. When the ends are
 fractured in this way, by taking one
 of the ends in each hand & moving them
 backward & forward we can easily perceive
 the direction; if only one be fractured we
 can discover it in the same way. Consider the
 points are so thin & curved that the fracture
 can be easily felt. I have already said that
 when the elbow joint is concerned in the injury
 it is right to keep the arm fixed. The fore-
 arm should be extended in a perpendicular position
 after the fragments are placed right a line
 & should be wrapped round the elbow be-
 ginning about the middle of the forearm
 & extending to as far up the arm as the
 forearm ties which in the shape of an
 ell fig. 2nd each forming right angles should
 be applied one over the internal condyle and
 the other over the outer one; then ties more be-
 hind are to be applied one anterior, or in

is a major function

the bend of the elbow, the skin is stretched over
the olecranon. These splints are to be
secured by bandages, the splint that extends
above the joint must be fastened to the wrist.
The motion of the joint is displaced, the frag-
ments are in situ by a ho. stage.

After one or two days, we should take off
the dressings & examine the joint. After the
first day more the dressings should be
taken off again & the arm gently flexed.
After the twentieth, the dressings should
be taken off every day & the arm flexed to pre-
vent the growth of the joint.

The olecranon is at times fractured, it
is most caused by falls on the elbow. When
fracture is fractured the patient is not able
to lift the fore arm, because the biceps muscle
which extends the arm is inserted into the
lateral epicondyle. The upper fragment is
drawn a little ^{upward} from its place by the contrac-
tion of the muscle & you may move it
side to side - (See Fig. 111) - The fore arm must
be extended & the process line placed in its
position is to be secured by bandages begin-





is winding to the elbow. When the bandage has got near to the elbow the surgeon must feel if any portion of skin be got between the divided ends of bone; the bandage is then to be continued on - A splint should then be applied on the anterior side of the arm to prevent flexion. After ten days we may examine the state of the fracture, and after the twentieth day we should remove the 'sings daily' and gently flex the arm in order to prevent stiffness of the joint which sometimes happens. The dressings should be continued about 15 days after all, perfect union takes place.

Of the ULNA. The bones of the forearm are frequently fractured and the ulna is much often than the radius. The ulna being very seldom broken ^{alone}, the radius is most commonly fractured at the wrist when the ulna is not broken with it. No difference can be seen in the length of the radius, but the difference that can be seen will be an irregular projection at the forepart of the wrist. The fracture is commonest as low as to be taken in a luxation, the elbow will, but the arm in a stiff position.

+ By taking hold of the arm and so on
the flesh is between the lines so as to
pull out - the interstices begin to pull out
without them being prepared for too out

It takes, I am assuming, on a gl. horse &
 I trust can take the same. It may
 distinguish between them but the whites, but
 like the cupulas, it cannot always be felt
 as much as the tubercle. The lower
 is certainly not being given to it at the top
 of the tubercle as usual. It sometimes happens
 however that both are broken in the
 same place. Whenever this happens the patient
 is not in pain, the cupulas may be felt
 in the hands at the place of fracture & then
 it is a natural relaxation caused by the
 two being brought nearer together. —

Dislocation — So being the divided spaces to
 have an Assistant should take hold of the
 lower end of the hand & as the necessary
 extension. While the extension is making
 the surgeon may replace the ends of the bone
 & if very difficultly this being done a bandage is
 applied beginning at the wrist and ex-
 tending up to the elbow can be put not in-
 volving the ends of the bones. Two to show
 may be applied, which should be made from
 a band & should be of fine material.
 It should not be too wet and must not

+ and extend to the end of the fingers --

with - the splints should be covered with
soft linen. The splint on the back next
to the forearm should be at right angles to the
upper and below the elbow & the patient
will pinch himself whenever the arm is ex-
tended. It is better to be put round the
elbow, & the forearm supported by a band-
age across the chest. The thumb is secured
so the patient will be able to rotate
the hand as usual. It be suffered to
be in another position. At the end of
about four weeks union will have taken
place. The Metacarpal bones are some-
times fractured the extension can be made
by pulling the finger - two splints are suffi-
cient. One on the finger & one on the back
of the hand. Secure in a collar.

The Proximal - or sometimes fractured
by an crush blow. Secured by four
small splints, place one at each side one
on the back & another on the inner part of the
finger & a collar passed round them.





very early. I shall at present only give
method which is most common in use.

The extension and counter-extension being
made in a distal way, the arm is raised to the
vertical & with slight flexion in the elbow, the
arm is then held in a horizontal position and the
wrist is held in a position of flexion, the
applies at the posterior, and in the anterior
in position. The limbs are applied in their
pieces of cotton about one inch, and are se-
cured by pieces of tape held round the
joint & are at the same end. The limbs
are then applied in a similar
manner, and the arm is then
secured by a piece of tape. The
arm being over a bandage is pinned
to the middle of the limb, pinned round the
arm and pinned to the table. This is now
the mode of treatment in London.
It is a very convenient.

Dr. Pott supposed that the disease was
caused by a violent injury, and that it was
the result of the arm being in a state of
flexion when the limb was fractured at the

+ Again the posture is very uncomfortable & the patient cannot lay on his side at all - He complains thus "It is a great trouble to have a double bed with pillows & hair it appears to me which must have a round hole cut through it to let the legs pass over & into the frame as if to be placed under - The whole is to be filled with a cushion made to fit it - but this is very complicated, & seldom the job is therefore unpracticable -

the same manner as the first. The
 first is a line on the side and the
 the first is a line on the side and the
 and the same but a short piece of wire
 in a state of tension. It is not
 it is not in use. It is not in use.

The same will imitate the muscles coming
 due to take on contraction in a short time.
 before the hands. The hands are under
 the hands. The hands are under the hands.

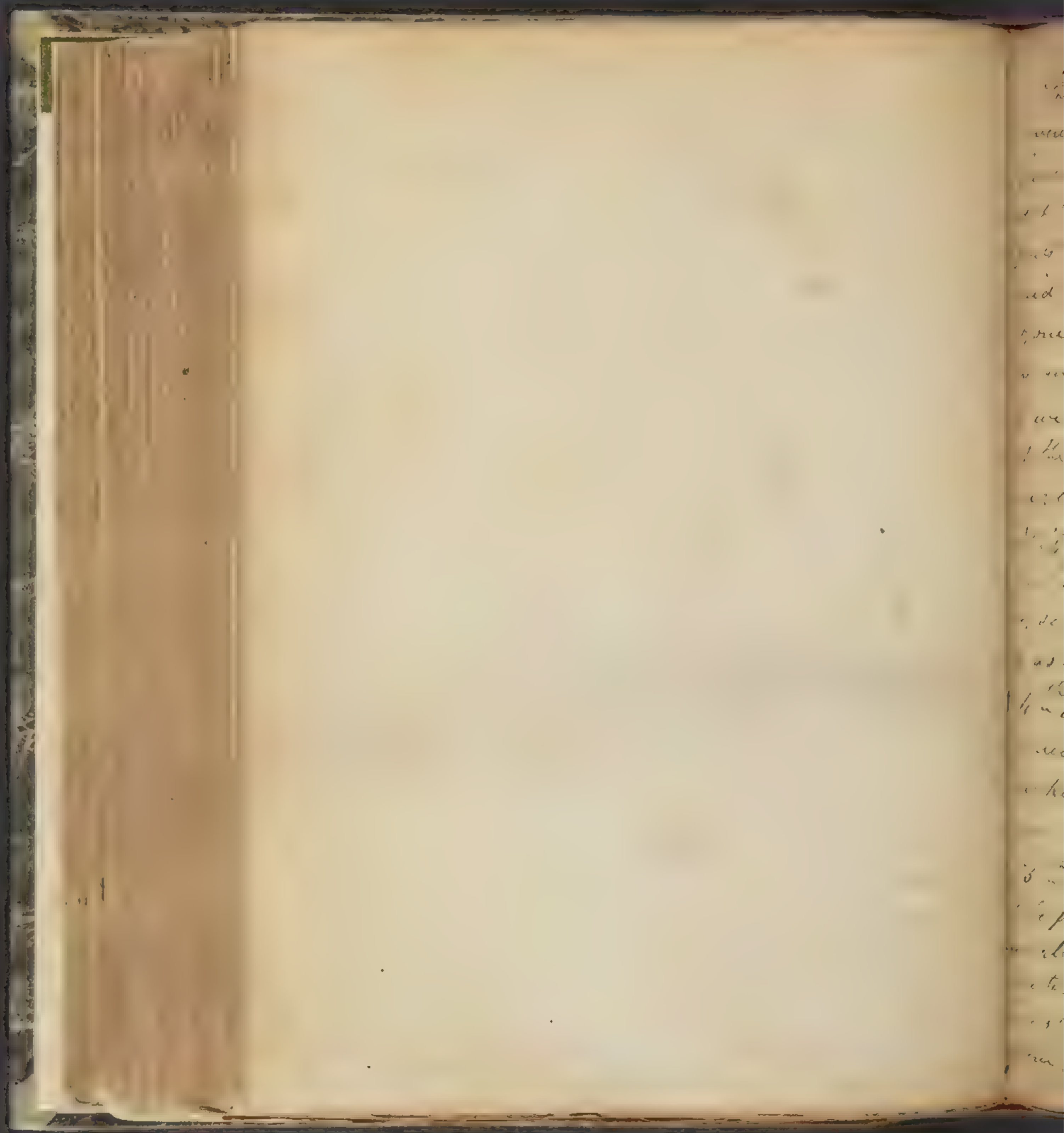
one the various various pieces of the
 stone is in position in a short time.

to make a more made in a short time in
 the handages having. There should be
 more described in a short time so that the hands are

to make a more made in a short time in
 the handages having. There should be
 more described in a short time so that the hands are

to make a more made in a short time in
 the handages having. There should be
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to make a more made in a short time in
 the handages having. There should be
 more described in a short time so that the hands are



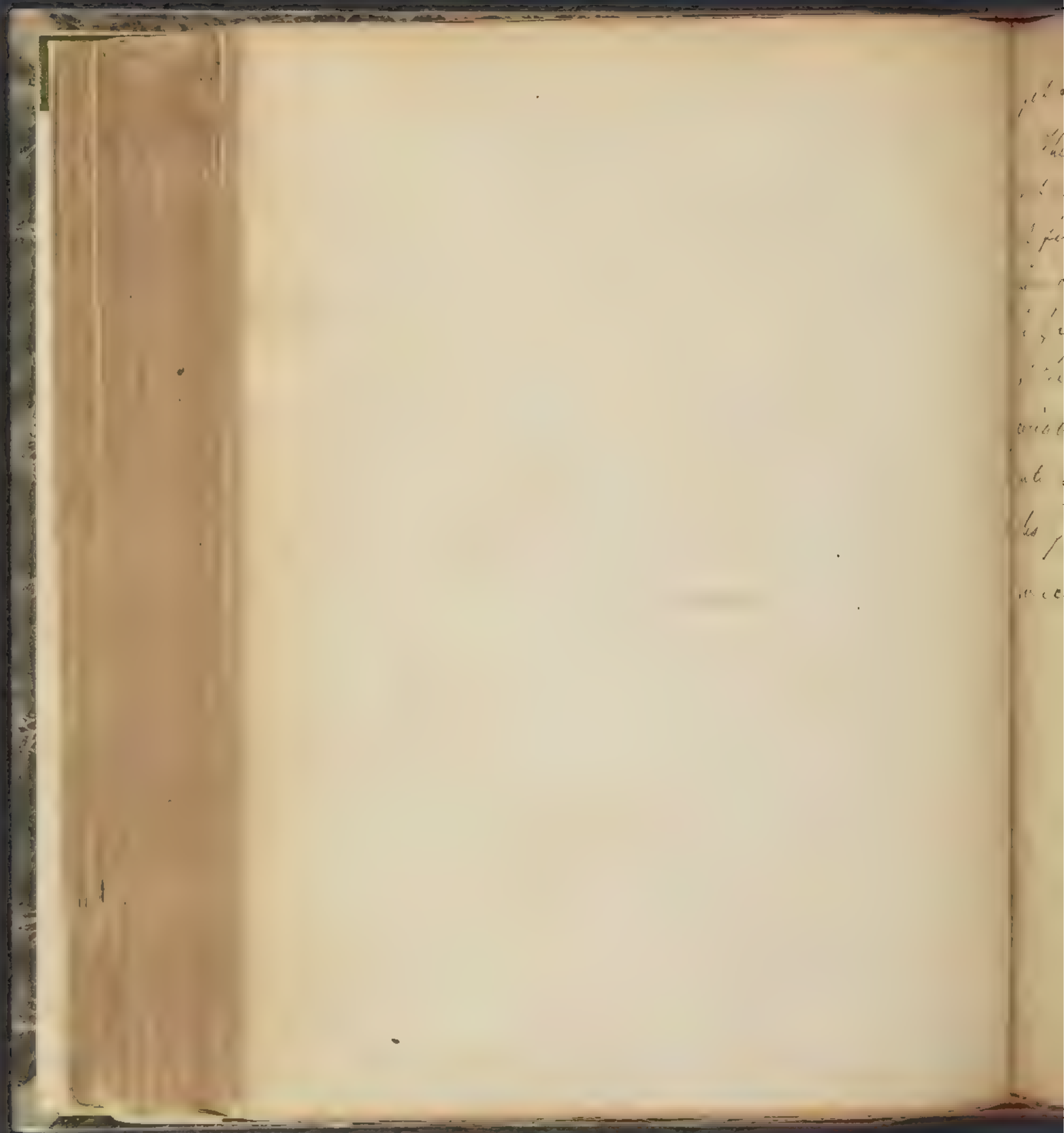
The bed should be made of firm boards covered with a mattress, & the patient should have but one pillow under his head, & no other is sitting down. There are several pieces of ^{these} muslin 5th long type strips laid out just as the inner, & one is now home at the upper part of the thigh, & one at the middle - 2nd is over the knee or between a wrap the spring in, this should be wider at the end side as it will be bent on, & at the outer end opposite. 3rd strip bandages the knee, & to each corner of the foot, with the edges in contact, so as to take a riddle on each heel, placed so as to reach from the perineum to the knee. 4th is a silk-iron elastic which seems to run under the perineum & across the penis, to make the counter-extension. The patient can lie third on back, open his back & I shall specify the length of the thigh, & be placed on the anterior part of the body on a small piece of cotton spread with adhesive tape & laid on the perineum, the non-permeable removed, to prevent any excoriation from the counter-extending apparatus.



The other band directing to be, passed round
 under the reel and decubated at the top.
 The reel being at the bottom and the band to be
 at the top, the same caution is here requir-
 ed. A short splint to go on the inside of the
 foot & a long one at the outside for making
 the extension. The extension and counter-
 extension being made to the bones placed
 in their right situation the splint bandages
 are to be wrapped. The long splint first
 now called upon in the manner placed for that
 purpose is to be applied to keep up the
 extension. The excavated finger end goes
 under the arch; the holes next it are to
 receive the counterextension band. Her chief
 purpose is; the hole at the other end is
 extending one after passing over the block
 which we see in viewing the splint edge-
 wise, which is designed for keeping the foot
 straight & having the extension directly
 under the foot in a straight line with
 the arch. The other short splint is to be
 fixed in the same manner to reach from
 the heel to the sole of the foot. Not-
 withstanding the splints are wrapped in



thinner, there will be a gap between
 the bone cavities, the bone is
 filled up with the soft tissue. There are
 to be laid between the splints and it
 to fit the leg to keep it steady and even.
 The staff is prepared because it can be put
 under from one place to another. The
 short splint is now to be laid on the
 interior next to the thigh. It is to
 be of plaster-board and is to be laid to the
 thigh. The four pieces of tape are now
 to cover the splints. In order to keep
 them still tighter a wide bandage is put
 over the long splint & around the thigh
 two or three times which prevents any
 motion. In this way extension & counter-
 extension is completely kept up & the pa-
 tient during many months to rest on, by
 lying on their back, rests much easier than
 in any other posture. We should now
 examine the length of the limb. If
 the fractured one be too short increase
 in extension & when the bandages



get slack they should be tightened.

The fractured end, if the bone should not be drawn so as to come in contact at first, when there is violent contraction of the muscles for if the extension is great enough to overcome the force of the muscles it will cause great excruciation. But by keeping up a moderate extension for a few days the muscles yield to the force and are easily overcome.



Section 13

[illegible]



[illegible]

+ Controversies on the subjects are more in
sistence ^{of the week of the year} in practice - we will soon see
within, without - the spirit of the mind
and a --

[illegible]



[illegible]





and as soon as the floor is reached, com-
 pose it into a compound fracture. — In all
 cases — passing above and below the fracture &
 making the limb as straight as may be felt. When
 the tibia is fractured, the creases must be felt by mes-
 sing the foot. — Third Method. This is to be laid on
 a pillow. In the extension and counter-extension are
 made and the fractured extremities are brought in con-
 tact a roller may be passed from the ankle to the
 knee; but as this cannot easily be passed to examine
 the limb, I prefer the slides. During the application
 of the extension and counter-extension should
 be kept up by assistants. Two slides are then to be
 placed one on the inside and the other on the outside
 of the leg & secured by pieces of tape, with strips of
 of flannel board. A strip of flannel is then placed
 narrow boards are to be placed one at the inside and
 the other at the outside of the pillow on which the leg
 is to be secured by tape. It is to be kept in this
 manner the foot will fall backward and downward
 & the weight is moved to one side passed round the
 foot & secured to the other side will prevent this.
 I would also in want of which a couple of loops
 of a common piece of cloth with about an inch
 of each loop crossed in the middle, is to
 be used over the limb to support the bedclothes.
 When the tibia and fibula are fractured near
 the knee this method answers very well; but when
 the knee is injured will be found very tedious &
 will be avoided on account of the



[illegible]



[illegible]





the patient is sitting upon the knees.
In a fracture of the patella, place the
upper fragment in position, & the lower
is drawn forward by the contraction of the muscles, the lower
fragment being unable to move. The
patient cannot walk forward because he cannot
extend his leg, but can go backward drawing it
up to him. When the leg is extended on the thigh the
upper fragment with sometimes some in contact
with the lower & the caput can be felt. In longitudinal
fractures the vacancies can be easily felt
& the ligaments are so thin, and crevices may be felt
between the parts upon each of them. First Method.

In transverse fractures bring the upper fragment
down as near as you can. The patient is to be
in bed & the limb raised by means of pillows
as to relax the extensor muscles of the leg. The leg
is to be elevated in the same way. When the
patient is placed in this position & the fragments
are in contact, close, apply a bandage from the
thigh to the knee; an assistant then holds the
upper fragment down while the surgeon passes
the bandage from the thigh to the knee
& the fragments being thus brought together, a com-
press is to be applied above the upper fragment
and a similar one below the lower one; there



compresses are to be secured by a roller pattern
around the knee in the figure nearly as follows;
beginning above the patella passing
under the popliteal over the tibia just below the
patella, under the popliteal again & the roller
knee, just above the patella and so on, passing
the same course again. This is the roller mode
of dressing. The compresses being secured pass the
bandage over the patella as is to cover it to pass
over the soft parts, never squeezing, in this manner
the ends of the band can be kept in contact. The
bandage wrapped round the popliteal, in a spiral
direction, while the knee is high up, and
the roller being thus contracted the upper part
of the muscles is contracted & the pressure
being up to us a spiral motion, the roller
coming to the knee is to be placed on the posterior
or on the side should be covered with flannel
& secured by a roller. If the splint were to be
used, the pressure mentioned upon the knee
function, the leg is to be kept elevated on a
cushion have been a band to bind the
leg, the roller in contact for some time in the
band into the cavity of the knee and pressure
being to be of the bandage on the supra patellar
ligament sometimes secured by a roller.
The pressure causes an absorption of the condensed
fluid to replace shown in the illustration.

+ that is at 1100 -

X ... can be seen ... the ...
extremities ... the ...
union ...

[illegible]

+ 1709/10 in der ersten ersten Stange

11111111.

[The following text is extremely faint and largely illegible due to fading and bleed-through from the reverse side of the page.]

+ by his time -

[illegible]

Skull, III. - The external surface is
 concave, the base forward and upward so
 that the condylar process is tubercled. The transverse
 at base. Sometimes it is concave, the weight for-
 ward and sometimes not, one. When the weight is
 forward the line is turned to one side, when not, the
 middle of the base, which is open, in front of
 the middle of the posterior surface, and the
 posterior surface, the same. If the weight is
 forward it is displaced. The weight is on the
 place of articulation the cavity may be felt.
 Location of the jaw occurs from moving on, from
 moving the mouth is wide, sometimes causing a
 all of pain.



is a screw vice a W.M.M. in the manner
 pulling into a good position and, being in mouth
 push with the better & separate inflated body
 & bodies and to in great proportion as to
 in mouth & air, and was the other but in fact,
 under in it, make a cut to me to have them
 & laid. I was not at all pleased.

Treatment. In proceeding to reduce the screw
 and we must take the precaution to wrap up our
 hands as well to prevent them from being
 injured by the convulsive action of the muscles.
 They must be placed as far back on the neck as
 as possible; the fingers are to be placed in the
 position, then push the jaw downwards & back.
 At the same time depressing the jaw upwards.
 The jaw is not pushed downwards the reduc-
 tion will not be at all, if at all, accomplished.
 We then push the jaw upwards & back in the
 same effect. Some have advised to use a
 much smaller the chin. This man cannot be suc-
 cessful. It is apt to break off the neck & to end in
 a fracture is necessary with the instruction.

Sometimes the W.M.M. is used. The man is the
 best, once at the acromion or at the acromion
 in the case never seen to occur in the sternum
 upon the neck no doubt but in the reality in the
 on account of the superficial articulation,
 a considerable force is applied so as to push in





the end of each ... treatment ...
 ... is ... it ... rest ...
 ... to support it ...
 ... to discriminate between luxations and ...
 ... you will do ...
 ...

Treatment.

If the surgeon is ...
 ... difficult, ... the
 ... the muscles do not ...
 ...

... The hand upon the acromion process
 ... counter extension, ...
 ... make the extension ...

It has been ... to ...
 ... the ...
 ... the ...
 ... the ...

... is ... an assistant ...
 ... extension ...
 ... with ...
 ... at the
 ... side, after you have tried this method ...

... blood ...
 ... this cannot do any ...
 ... for it. This completely removes
 ... the limb can be reduced with

I spent ten years ...
 ... hospital with dis-



[illegible]

+ stuck on both ends & passed round the body securing
 it by a buckle & screwing, to thus have a rope which
 may be held by an assistant, to keep the body in
 its place as the patient is apt to get to one side.
 Thus fixed, & secure, the rope to make the extension is
 in a case that the counter-extension be made against
 the accession process, & the arm may be taken from
 the chest. It is therefore the greatest convenience to
 make the counter-extension on the accession process.
 In making the extension the arm should be rotated
 against the adhesions, which have formed. The
 Surgeon may have a towel under the arm and over
 the shoulders to draw the arm up, and he may put
 his arm in the axilla & push the elbow
 upwards with the other hand, using the arm
 as a lever. The bone has been lodged in the axilla
 for 14, and for 18 weeks & is now relaxed. + You
 know the bone cannot be reduced & set in its
 position, as a great many useful motions may be per-
 formed. I knew a cabinet maker whose arm was
 dislocated and as he was all the while
 in motion he could not perform was drawing
 his arm directly upwards. I shall not pretend
 to describe all the machines that have been invented for
 curing luxations, but only a few of them.

It has been suggested that a staple fixed in
 the spine over the head, and the patient suspended from

There is a far greater ^{the} reduction —

It by his arm, would be productive of good & evil.
But it would endanger losing the arm, even
the chest as no counter extension could be made ag-
ainst the scapular ~~anterior~~ & dorsal, neither
it grasp the arm for the purpose of making ex-
tension in patient lying down. Since the fact
is the will of the patient to make the extension in
when you make the extension pass, & the arm to extend
to side & come out with thrust the arm of the bone
into its place. I saw M. Hunter & this was success-
ful, some advice hanging with the arm in
extension, But none of them are very good methods.

Volume 16

The Fore-arm. The fore arm is united & bound on
backward proving a resistance behind it.
The elbow joint continues it is limited lateral motion
in part one position that the surgeon can examine at
the time of the case. The patient cannot lift or exert
much force in pronating, except the ulna occurs. It
is naturally fitted to the supination & pronation.

in order to reduce it, an effort should take with

[Faint, illegible handwriting in a vertical column on the left side of the page.]

[Faint, illegible handwriting in a vertical column on the right side of the page.]



of the capsular ligament whose strength, is injured
 in the case of luxations of the hip & some of the luxations
 in the acetabulum appear. I have however seen more
 luxations of the thigh at the hip than ever I saw pieces
 of the neck. I believe about little luxations I met
 one or two little fractures. It is generally stated
 that in luxation of the hip, the femur is directed backwards
 edging on the dorsum ilii, and next to the dorsum
 and forwards into the foramen obtuse, and may be
 rotated with inwards. When it is inserted in the
 acetabulum, the limb is more or less about an
 inch and half shorter, than usual. A line
 is taken place above the ilio is it seen in the
 length of the limb. Turning the patient to the
 side. The bone is mounted in the hole
 & straight place a string or strip from the upper
 tuberosity joining each of the ilium to the other,
 and the leg is straight. The distance is straight,
 in measure from the antitrochanter to the knee
 to ascertain the length of the limb. It is necessary
 to know if the patient be straight before we can
 determine the existence of the luxation. If the limb
 is bruised the injured limb will feel the injury.
 When it is inserted upward and backward the
 leg turns inward & turning them in toward causes
 great pain. If the patient cannot move the limb, this
 with all other symptoms are enough to



no. 100. In the middle of the section above it, but I see.

It is now diff. in a new case & in
the same relations as before.

see. *up* - *for* - *her* *best* - *of* *her* *life* -

the time is to let the crystals come to light, &

1. The first part of the document is a list of names and dates, which appears to be a record of some kind. The names are written in a cursive script, and the dates are in a more formal, printed style. The list is organized into two columns, with names on the left and dates on the right.

He started upward and backward for a foot or so.

I must retire. I'll be with you tomorrow.

... when it is inserted ... and forward

It is long, slender mostly about an inch in diameter.

un peu. Les deux heures s'écoulèrent en un rien.

in silence & never to molest me again.

above the above previous point is noted. Then a

and it is hoped will be well exposed, and will be a little better.

...all right. His final is ...

fruit. in 1822-23 scarce. In 1824-25 abundant.

The line of treatment must be uniform in all cases.

... and counter extension. ...

...haben wir in der ...

and it is true, and full of it! making it true in

and counter-extension of wings as with the box.

acquired. But these general principles are not
which are not the same as the principles of the

of the time of the ...

... necessary to use as com: dia-

+ in a line with the limb and at the same time as
an extension and as an extension

able to, as I have for its reduction and the best
method is compression & pulleys when they can be used.
But it can be readily effected by the assistance of
men; and no damage is felt by the patient
so long as he is required; but in obstinate cases where
much force is required the pulleys are commonly used.

I shall next give you the method of
Reduction when it is made forward & backward.

The patient is to be laid on his side & the
limb bent at the hip and knee to the most
oblique for the purpose of making the counter-
extension is to be, raised under the perineum between
a cushion and injured thigh (using some cotton
wool placed between it and the perineum)
and fastened to a fixed point. Next two straps
one on each side of the thigh secured to a roller
just above the knee to make the extension, when
this cannot be fixed above in fat persons it may
be put just below the knee; but it is best to secure
the extending power to the innervated bone. A pulley
fixed to the towel can make extension with great
ease. During the extension the surgeon must rotate
the bone to detach its head; if this is found insuffi-
cient, blood or deliquium. When the head is detached
the bone is found to be in place or forward on the os pubis
the bone is not extended & cannot be extended to right.

+ For the same reason in the cap. in. to prevent
which suffered the head of the bone to escape out
of it would also be large enough to let it return

the patient is placed, which is absolutely necessary in effecting this, the patient lying on a table, kept horizontal, with some elevation of the head above the level of the scapulae, and a support is then placed on the table to raise the lower end of the shoulder and part of the trunk. The incision, which is now placed on the side of the incision to make the counter-excision; meanwhile the surgeon rotates the limb. If this is not sufficient for removing the bone, the bone will be situated for a further to be found at a strong message would be made with a strong to stretch for further the counter-excision.

no method secured last winter. I have the
last of the year is on the subject in some of the
at the time it is known and take it to place
in mind in the time and gathering with it
in it, a little the extension is in time. —

() I suspect thought the contraction of the cap.
muscle prevented contraction; but I believe that
it is the cause of resistance in reducing & not
of the force of the muscles. + so the bone is not
brought it will form a new arch, in fact. —
I fear that the bone of the femur will be so weak
as to be acetabulum is increased by a great
amount thick as. up as much so that the left



(163)

has had several weeks. After the swelling which
suppurated had subsided in hip was found to be
traced in one time after, she was to go. But in
the fall next much in the same way she had
in this fall, she found no more new cancer
but the tumor had been near the center of the
hip had advanced more slowly to one was able
to walk upon crutches and joined strength in
a few days. She was shocked after taking such
rest. The legs were discolored and pain both
knees, new accretions being formed in both sides which
don't would have done very well for she used.
I shall next speak of luxations of the

Right joint. These were very rare. I have
one but the cases were in both the left and
right in the external joint. This is much re-
solved, though not so easily as in the internal
joint. The leg is much distorted. Dis-
tortion of the joint may well be repaired by the
proper situation. When there are severe
patient should keep the limb in a state of
immobility for eight or ten weeks until the
ruptured ligament have perfectly healed. The pa-
tient must be kept in bed. I once saw a luxation

Water poured over it after which it
with vinegar should be applied & it
to run it down

[illegible]

* The scalp is sometimes incised ^{from the bone} ~~up~~ for some distance
& under such circumstances it has been advised to cut off
the bone portion - but this should never be done - The
flap should be well cleaned from blood & ~~plaster~~
and the flap placed in its natural situation & kept
by a piece of plaster or sticks - It has been objected to
this that abscesses would form beneath the bone and
have to be removed in fact - if abscesses do form they
must be opened as in another part - & it is better
to run the risk of a few small abscesses than to run
the risk of a large one & perhaps cause an exfoliation of
the bone ---

+ around this tumor there is hard edges

Inducing them to make incisions through the scalp
in order to relieve the bone in a
state - and thus produce a disagreeable suppurating
sore & perhaps exfoliation of the bone ---

The best treatment is says cut well with a sharp
knife & apply to the injured part - In a few days
the extravasated blood will be absorbed ---
* especially if the aponeurosis be wounded -

1811

1812

1813

Injuries of the head may be divided into external
 as they affect the scalp and integuments, and internal
 as they affect the brain and its membranes. They are
 of several kinds. 1st contusions, 2^d fractures,
 3^d inflammation of the brain or its membranes or
 4th concussion. I shall begin first with the scalp.
 Injuries done to the scalp are several and the 1st
 1st contusions. When contusions of the scalp occur
 in which there is a rupture of the vessels, they form
 a tumor, which forming a tumor and a swelling
 which has a puffy feel, and imparts a sensation to
 the fingers as if the bone was broken in which often
 happens to inexperienced who are not aware of it.
 In punctured wounds of the scalp, the patient
 is often afflicted with great pain, if the inflammation
 extends to the pericranium it becomes necessary to detach the
 scalp. If the inflammation affects the pericranium
 the patient becomes feverish. I have seen inflammation
 occur in every kind of wounds except incised ones.

Upon hist examining the case I thought the bone
was fractured but upon further examination, it
was found to be only bruised. I prepared an in-
sion, which was made through the scalp, the pain
immediately ceased and never returned. ~*~

Examination and dies were made that with a slight
change in the type would
be in use for the second time which was

+ Dept of the brain and its membranes & kind
of configuration -

+ The crura, which produce this are of two
kinds - the inner ones of the skull and the

outer ones of the crura. The inner ones are of two
kinds - the inner ones are of two kinds - the inner ones
are of two kinds - the inner ones are of two kinds - the inner ones

are of two kinds - the inner ones are of two kinds - the inner ones

not killed; but the brain is not in it; and
 in the same size, the brain on the other side
 is dead and also laid open in the same way.
 The same course is now set once again - +

The injuries of the head occasion compression of the
 brain, convulsions, sickness, vomiting, involuntary
 discharge of urine and feces take place. The princi-
 pal causes of compressions of the brain are effusions
 of blood or other fluids between the membranes of the brain;
 either between the membranes and skull, in the
 substance of the brain itself, or in the ventricles; and
 this may happen without a fracture of the cranium
 or with it. Fractures of the cranium occur some-
 times without these symptoms, even when the bone is
 crushed. I have seen a large depression of the
 cranium without any of the usual symptoms of com-
 pressed brain. One instance of this kind was in a fac-
 ture of the forehead so that the little finger might
 be in the indentation &c. when no symptoms of com-
 pressed brain occur the scalp should not be divided.
 But when symptoms of compression occur make
 an incision through the scalp so that you can ex-
 amine the bone, if the incision be not already suffi-
 cient. It has been customary to separate a portion of
 the skull, & I myself once cut off about one fourth of it.

which have occasioned the confusion, and thus
immediately altered

The influence of the mind and the power of the
incident

168

This is always cruel since it is known. It is
in incision or crucial one, & the scalp is always
enough to examine the state of the bone. If a frac-
ture be found to exist it is safest to make a perfo-
ration through the bone to relieve the dura mater.

The compression of the brain resulting from absorp-
tion from the vessels, the symptoms of compression
will always occur immediately, because the effu-
sion does not accumulate even enough to produce
it immediately. I was once called to visit a boy who
had received a hit on the forehead from a stone
thrown across the street; the bone was fractured a
little depressed the pain was not so great at first
but that he went home and some time after the
accident, but before I arrived he was severely
attacked and fell from the chair supposed to be
dead. His pulse fell and his extremities were cold
the operation of trepanning was performed; the
matter found beneath the skull &c.

3rd The next injuries I shall mention are such
as produce inflammation of the brain or of its
membranes. See Symptoms. The pulse
is not steep, constant water, sleep, pulse is not steep,

the pulse becomes insensible, a sense of tightness
 is felt over the head, the brain, throat, and
 face is hot, is, delirium, nausea and vomiting, &c. +

If the symptoms continue on some drugs without
 any abatement, or rather increase instead, and
 if they are occasioned by contusions of the scalp, a
 free incision should be made down to the bone
 to examine the state of the parts, if the inflammation
 within the skull has proceeded on to sup-
 puration, the purificanium will be ex-
 posed separated from the skull and discharge
 is commonly a portion of thin ichthyous matter,
 it has a white or whitish appearance, gen-
 erally of a whitish milky colour, but sometimes of
 a yellowish, under such circumstances the
 incision should be immediately applied. Inflam-
 mation of the brain may occur from a variety
 of causes, or from contusions of the brain.
 In contusions of the scalp apply a blood and
 the puncture, and if an abscess form under the
 skull as in any other place. In all cases the diet
 should be strictly adhered to, to prevent inflam-
 mation of the brain or of its membranes. + In inflam-
 mations of the dura mater, where we have reason to
 believe there is a formation of matter on its surface
 between it and the skull and openings should be made



+ This sometimes produces the symptoms of congestion
and in other cases not - It may arise from people
sitting from a light or a hard fire for
an hour violence applied to the head -

As a general ^{remedy} ~~rule~~, I believe it would be right, in con-
ditions of the head, to immerse the head in some cold
water over the forehead for some time by which
means the effusion from the vessels will be
in a great degree, converted -

I have been thinking of the scalp which
 is taken from the head of a person who
 is killed in battle, and is used as a trophy
 of war. I have been thinking of the
 scalp which is taken from the head of a
 person who is killed in battle, and is used
 as a trophy of war. I have been thinking
 of the scalp which is taken from the head
 of a person who is killed in battle, and is
 used as a trophy of war. I have been
 thinking of the scalp which is taken from
 the head of a person who is killed in
 battle, and is used as a trophy of war.



taphine should be placed in a round part or else it
 will lead to spots in the bone. It is ²best the perforation is
 making great caution should be ~~made~~ ^{used} not to move
 the center as you still penetrate deeper, so that it does
 not pass to the other side. It is likewise to be
 carefully observed whilst you are on the internal
 surface. When you suppose you are nearly through a
 bone, the ~~leaf~~ ^{leaf} should be well slid out and to
 examine if in any place it is near a through hole.
 For this purpose a common tooth pick is very well.
 One may likewise have recourse to your elevator (it is
 best to draw them towards the cut) and to push
 on the enclosed piece. If you find it nearly
 through on one side, leave the instrument to the
 bone. It is advisable to see the piece out with
 the elevator. Even if it is quite and strong, as there it
 may be left longer, it hinders the dead matter, and
 may become so unmanageable. One may be broken off
 with an elevator. One of this shape fig. 1 may be
 used for the taphine, where long depressions are
 made in it. Because, to use the taphine in several
 places adjoining, would remove too much of the sound
 part of the skull. When an unruptured extravasation ~~occurs~~
 within the osseous cavity, from external injury, a piece
 of the bone, a perforation should be made through the



is to be at the expense. When blood is col-
 lected in the dura mater and still a hole made in
 the membrane will allow it to pass out. In some
 cases the effusion is very small; sometimes it is of con-
 siderable amount, so that the dura mater being above the per-
 foration prevents its escape; a sp. tuba introduced be-
 tween the dura mater and skull will suffice to draw
 it out. Sometimes an effusion is collected between
 the dura mater and the brain, and upon removal of the
 bone, instead of a flat surface, convulsions are produced;
 sometimes arising up to the planning of the bone,
 the motion of the brain will be prevented. Here a
 collection of effusion between the lobes of the brain,
 because if ~~there was~~ it was an extravasation between the lobes,
 the motion of the brain would be seen. I have never
 seen the dura mater punctured in any case in which
 the patient got well; therefore, when it can be avoided it
 should not be done. I have ^{cured} seen an effusion in the
 brain where by pursuing the antiphlogistic regimen,
 and bleeding as often as four or five times per diem
 for five days, the Patient was cured; which, I
 believe would not have happened had the dura
 mater been punctured. When the dura mater is
 punctured, there rises a fungous portion from the



and suppuration takes place at its seat and
 Patient dies. After the operation of trepanning
 is gone through, bring the edges of the scalp into
 contact. Then apply a simple poultice of bread
 and milk; which, is the most easy application.

Lint is not a good dressing; nor, should any
 greasy dressing be applied as it would prevent
 the discharge flowing out. The poultice should
 continued till the granulations appear, and
 then dress it with simple ointment. The application
 of the trephine in this case, only relieves the com-
 pression of the brain. This done we must guard
 against inflammation, by bleeding, cathartics,
 &c. The antiphlogistic plan should
 be pursued whilst ever any degree of com-
 pression continues. And a depression of the bone
 where the brain is compressed, relieved by its re-
 moval. The edges of the divided scalp may be drawn
 together to unite by the first intention - As it would
 take much longer time to treat if the position
 were to suppurate it, unite -

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

Lecture 10th

of the ⁶ blazes of the Eyes. —

The disease is a common one, and is usually accompanied by a
 general debility of the system, and a more or less extensive
 inflammation of the mucous membrane of the nose and throat.
 The disease is usually accompanied by a general debility of the system,
 and a more or less extensive inflammation of the mucous membrane
 of the nose and throat. The disease is usually accompanied by a
 general debility of the system, and a more or less extensive
 inflammation of the mucous membrane of the nose and throat.

+ 1891. 1892. in this respect I mean capitis

+ I wish at a solution of *ipis infernalis* has
been advised to be used 1 month, it is afterwards
so that no more water get into the eye -

+ In some instances the pain is not confined to
the eye but affects the forehead -

+ Also, a fine, light green, or light blue, or
red, or white, or yellow, or green, or blue, or

I have been treating a patient with a lesion of the cornea. It is of the kind which is not cured by the use of the cautery. The patient got well. Treatment: I used a solution of sacchar. lactis, or, mag. citrini. I have also used a solution of the same, with a little of the same, applied between the edges of the lids, in the form of a solution. I have also used a solution of the same, with a little of the same, applied between the edges of the lids, in the form of a solution. I have also used a solution of the same, with a little of the same, applied between the edges of the lids, in the form of a solution.

when it affects the entire chamber. It then
is not so much for it is

11
as it is... in many cases...
...
... line acids, smoke, &c

~~... ..~~ Good

in locations

... ..
... ..
... ..
... ..
... ..
... ..

... ..
... ..

+

soon ... Treatment.

+ that there is a

x

[illegible]

+ Sometimes a head with follicle eruptions
but it is frequently in scars. A cure of strabismus
put in a warm bag and heated and dipped in
rose water and applied to the eye is found to be
a very pleasant application.

+ In such cases I think 3j of niger added to
improves the remedy.

A note in the same manner as in case of

+ Two other circumstances are of the highest impor-
tance -- 1st Confining the Patient to a dark room
& 2^d a diet perfectly vegetable --

+ The only remedy is to dissect if the membrane

+ If any part of the above remain transparent,
relation must, with the reason, give light
an anticipated judgment.

... a case where a piece of wood was used to make it worse. I once saw a case where the patient had worked his eyes with a stick until the ... inflammation spread and all ... became ... The patient kept it to his sight and he ... on his eye through with the ... patient ... the eye was then closed and the patient put to bed. I am now to see if the point be large. I mean ... it is very difficult to move ... the patient laboured under great pain in which ... with fingers, vaccination &c had been used without success; cupping and scarification were likewise ... in lukewarm water alone; he washed ... in it and ...

... the ... glands which are ... the eyes are taken up by the puncta ... is carried to ... are converted into ... just ...

+ Since it has begun to ~~continue~~ increase the
will be followed by a small matter resembling
mucus which is probably secreted by the inner
surface of the sac. The two ends stick together
by mucus, and a piece of wet dressing placed
between them.

+ It is communicated the spirit being over the
it swells so that the patient is unable to stand.

in nature. ... common with ... structures.
... the eyes; tears
from the ... the sac is
obscured, ... the tear with
... frequent ... takes
place in ... lacrimal sac, ... the
introduction of the ... person taking note;
in inflammation is ... attended with fever;
... & ... are necessary for the cure.
When the sac is distended ... in the ...
... its ... it is then called ...
... in ...
... lacrimal duct ... is
... that arising from
the ... which ...
...
... the ...
... the ...
... lacrimal
... inflammation ... in a
... CURR ...
... the ...
the tears flow into the nose after the probe is with-
drawn; a piece of ... to reach ...
... of the eye into the nose should ...

+ ~~The~~ ~~operation~~. It is sometimes attended with, purgation, ⁱⁿ ~~the~~ ^{the} bone - the cancerous portion of bone should be
extracted - & the fungous treated as in any other part.

[illegible]



Lecture 17

Contract. ...

... it is common to see ...
... the pupil and is not common ...
... I have seen it often and in ...

... compared by ...
... to their ...
... is discernable ...
... patient an appearance ...
... hair ...
... very ...
... 40;

... it is ...
... I have seen one case ...
...
... for the ...
...
... by black ...
...
... it ...
... indeed ...
... of removing ...



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instances. I think the capsule of the lens is opaque; and often in no. 1. I have seen the cases of two persons in whom this absorption occurred. They could see in the aid of convex lenses which makes me believe the lens was removed. I have seen another case too, in which an unsuccessful attempt is made. It is not always unsuccessful in this disease, it is a happy circumstance that I may be relieved by surgery. Two operations have been proposed, viz 1st couching, and 2nd Extraction.

Couching is performed with a needle. The needle is introduced through the sclerotic coat about one fourth of an inch from its junction with the cornea, and passed until it gets to the center of the lens, it is then turned with its flat part against the lens, which is a supra below the vitreous humor; if I should rise the operation must be repeated. Extraction consists in making a rent in the cornea through which the lens is removed from the eye. Both operations have been practised. That of couching is the most ancient, but of extraction, the best: to use,

1st The operation is not so painful. This is, no comparative operations. The same Patient has had the lens extracted from one eye, and depressed in the other. - -





is not done a great deal. It is not so
pupil and of course will not expand with it.
2nd The passage of the iris is not so great as it is
in the iris so incut as to form an incision
pupil. This sometimes does take place but it does
not prevent vision, besides it occurs sometimes in the
vision. The patient sees as well as before the operation.

3rd The danger of cutting the iris is passing the
knife across the cornea. Unless the operator is very care-
ful in passing the knife straight across the eye the
cornea will be cut. Though the action of the
knife, and the iris will split itself when the knife
is put in a part of it will be cut away; but
it will be so near the nucleus, the anterior part
of the eye which will decrease the iris.

If the great danger is the vitus & humor may
be cut; but this is not a consequence of the
operation being made, the moment the section of the
cornea is finished. Pressure at that time is unneces-
sary and should not be made.

No case of cataract does not promise equal
success it is of consequence to know what circumstan-
ces are unfavorable. When it is combined with other
diseases the operation is improper. The circumstan-
ces favorable to the operation are, — The eye has
been long free from cataract; the patient should be



be from pain in the head: when the operation has
 been performed during pain in the head, the pain has
 been much increased. The Surgeon should not be
 moved in examining the eye & its organs: if you have
 a case shot on the corner, and a particular notice
 is of that from the eye. It is an odd idea for
 looking at the eye in the pupil will be
 as before the shot. In the latter case it should be
 paid with the eye & it is known that the eye of that
 is all affected in the eye. The pupil should not
 be much enlarged. The contraction and dilatation
 must be made, and the pupil to be moved. And it
 is to be moved and the pupil to be immovable. If
 the patient can distinguish right from darkness the eye
 should be moved. It is known that the eye
 is in the eye. It is known that the eye
 is of this. There is a case of a woman who had a tumor
 in each eye the pupil moved freely & back. I
 therefore need from both eyes & it is known that the
 the eye is in the eye. It is known that the eye
 was performed on each eye. The pupil was
 in the eye. It is known that the eye
 during the operation it will be necessary to move it
 a patient to be subject to each; or if apt to vomit, or
 some other people were present. It is known that the eye
 is known, we should choose the time for operation when
 it is best directed with it. It is known that the eye



[illegible]

fine crystals of the crystalline lens may be seen

1st The patient is to be placed in a supine position, the head to be raised. The upper eye should be closed till a small piece of the cornea is exposed. The cornea is then to be examined with a microscope or a weak lens, as it is to be kept at a distance of 1/2 inch. The cornea is to be kept in proper shape, we should give the patient some opium to keep the sensibility of the cornea.

2nd A needle a little curved at its point, with which

3rd A little scoop, or probe, to extract small pieces which are apt to remain behind.

4th A small dish, to be placed near the eye, to receive the pieces in the case of the cornea, & to be for its extraction.

5th A small pair of forceps, for the extraction of small fragments of the cornea, which may remain. It was the practice of the ancient Surgeons to use a speculum oculi. There is no instrument which will do better than the eye. The most objectionable part in surgery is, in this kind, is that, it occupies one hand & the other. The surgeon cannot rub the patient's eye; besides, it gives pain to the patient and may excite inflammation. ... In proceeding to the operation, "first it is necessary to fix the eye to ensure the patient, there is no pain or danger attending it."

The patient is seated in a low chair with his back to the window, he should never be placed directly in front of a window, or else, the reflection of the sun

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[illegible][illegible]

Spring Hill Co.

[illegible]



[illegible]



1. Next, a trapezoid without a lid as the eye, "ball" is on the eye and is just a lid to the eye.
 2. The patient's head must
 be secured by pieces of tape tied to the bed rails,
 to prevent his rolling in his sleep. For
 eight or ten days the eye may be examined.
 If pain or fever come on we must be careful
 to change the dressing every day and
 the dressing that covers the eye is also changed.
 The dressings which become dry, cause
 irritation. When the dressing is wet it
 will pull down the wound. The dressings
 have got into the incision of the
 cornea and prevent its healing.



200000. —

[illegible]

^ The testicle can be put at the l. testis, 1st
occlusion ---

+ causing a sensation as if it was blown into ---

1843. The first of these is the "Journal of the
American Medical Association," which is published
monthly, and contains a full and complete
report of all the medical news of the world.
The second is the "Medical Record," which is
published weekly, and contains a full and complete
report of all the medical news of the world.
The third is the "Medical and Surgical Journal,"
which is published monthly, and contains a full
and complete report of all the medical news
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the medical news of the world. The seventh is
the "Medical and Surgical Journal," which is
published monthly, and contains a full and
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world. The eighth is the "Medical and Surgical
Journal," which is published monthly, and
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medical news of the world. The ninth is the
"Medical and Surgical Journal," which is
published monthly, and contains a full and
complete report of all the medical news of the
world. The tenth is the "Medical and Surgical
Journal," which is published monthly, and
contains a full and complete report of all the
medical news of the world.



[illegible]

+ Just above the upper edge of the as, finding—

+ at first the tumor is soft & easy but
when strangulated is hard & painful
the belly swells and is tender to the touch

811-12

now the retention of the intestines, particularly between the
lips. When the difficulty of union arises from
adhesion as in the last case it will not be
so much being supported by a band. Where the
adhesion is not so extensive it is succeeded by confining
the Patient to a horizontal position. Sometimes, bleed-
ing, catarrhs &c. may take place in the lungs. When
adhesions take place so that the surgeon is unable
to remove the tumor a sac made just so as to contain
it should be applied, or else the tumor will continue
to enlarge till it gets to a great size. I saw one in
which the lower part of the ovary was not removed, the
tumor, I saw Patient who in a different situation, re-
mains the lungs. He is not only in, was distended, but in
a state of strangulation. The tumor is
increase of, air, & of the lungs, & of the
of the patient, the small hard contracted
the tumor, sometimes, as in the tumor seen in
a patient, the tumor. It is called a
strangulation tumor it varies considerably, some
a little, some the proceeding. I have suggested
pains, the tumor should be placed in that
position which will draw the contents of the
tumor out of the abdomen. I would not advise
give less materials with the stalks, as the
tumor is small, & it is not but a
in the tumor, & in the tumor. It is a
tumor, & a tumor, & a tumor.

+ This operation is called taxis -

+ This formula is sufficiently strong -
and of this there should not be thrown
up at once more than one tail or one
fourth which might be repeated till
the desired relaxation took place. I was
very much alarmed for the life ^{one of my patients}
last summer when only half this quantity
was used - The patient became cold &
and perfectly senseless cold sweat broke
and she was almost without pulse - In
one case related by the patient
died in thirty-five minutes

1811-12

and the last, when the patient can no longer resist,
 it will be better to use less violence as not to
 run any of the risks. ⁺ This is not sufficient. The
 sciapuntia has been of use, and it will still be
 time it till a religious manner and then by
 it can be accomplished. The bleeding tends to pre-
 vent any inflammation. I have not seen more
 one of bleeding ad delirium when the action was
 not immediately after bleeding. ^{There} is a
^{case} of ^{the} same kind of case. I have seen
 it about 2 or 3 times of late and one boy I met
 was very well. I don't see why the warm bath
 could be used; the patient should be kept in till
 he becomes very weak, and whilst in the bath the
 surgeon should be a, air to reduce it. This, then
 producing a general relaxation will, I think, suc-
 ceed. I have therefore a very
 favorable opinion of warm bath in strangulated
 hernia. When all these remedies fail, injections
 made by a decoction of tobacco $\frac{zj}{\text{to a pint of water}}$
 may be used. ⁺ This decoction is to be thrown up, so
 to create nausea and general relaxation. This is
 the most successful remedy in strangulated hernia.
 The fumes of tobacco are not so convenient as the
 use of a peristaltic apparatus, and sometimes they will
 succeed. When all these methods fail, the application
 of cold, as ice, or snow has proved useful. In a case of
 hernia has been reduced by cold. This remedy is par-
 ticularly recommended by St. Hilense. I have not

* The degree of cold should not be too great for by this means the skin of the tumor has actually been frozen 1811-12

+ The pain is more intense, the body swells, & even runs high

+ and in some instances the contents of the tumor sometimes go up

* Some mortification of the intestine comes on --

And giving the Patient at bed time three grains of Opium - He slept all night 1811-12

If the tumor commencing at its upper part & continuing its whole length if it be not too long - then carefully divide the fat and peritoneum down to the tendon of the external oblique dissecting down at the upper part of the incision first so as to clearly expose the tendinous fibres 1811-12

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suitable to employ it when other remedies fail. It
 should be continued for some time, perhaps, for the
 price of three or four times if necessary. * At all
 the same time fact we must be on account of an
 action; for if the patient is not relieved by some
 means so soon, or so near, the sickness becomes
 more distressing & violent, & could be only be, cured,
 after a while these symptoms cease and the pa-
 tient thinks himself getting better, but the symptoms
 are worse than before, & the patient is
 more in pain. * It is dangerous to tell him in the
 at time to perform the operation because some-
 times the tumor is malignant. So the patient in short
 is in a state of mind that he is not in a
 a good way to be in yet well. But in gene-
 I would advise, if the tumor is not relieved
 at, to perform it at least 230 times after it is
 one of it, in relation to the tumor. I have once
 missed in reducing the tumor after all of the
 has been failed. In doing so, first of all, be con-
 siderable in the first. In this case the tumor needed no
 more in it, or more so, right. If there are five
 at all of it, in the first, I

Bulbonocella. In succeeding to palm this is
not necessary to show away. The
through the skin
about four inches. I do not suspect ~~at~~ the skin point
of the skin. The skin is
about 10, 20 to 30. The skin
of the skin. The skin is



[illegible]

+ This at times cannot be done for three reasons
1st 2nd 3rd - a change in some of the pro-
truded parts or 3rd - a shrinkage in the neck of the
sack alone --

+ If the protruded part is altered in shape the sack
must be de-livered to adjust to its return - except it
be formed by contraction, ~~otherwise~~ ^{then} the altered part
may be cut off -

It is now necessary to search for
the --

+ and of course a great deal of food --

+

+ 12th of the year 1800

Lecture - 1st -

The first lecture is on the subject of the human mind, and its powers, and the various faculties which it possesses. It is a subject of great importance, and one which has attracted the attention of philosophers and scientists for many centuries.

The second lecture is on the subject of the human body, and its various parts, and the functions which they perform. It is a subject of great importance, and one which has attracted the attention of philosophers and scientists for many centuries.

3rd - The third lecture is on the subject of the human soul, and its various faculties, and the functions which they perform. It is a subject of great importance, and one which has attracted the attention of philosophers and scientists for many centuries.

The fourth lecture is on the subject of the human mind, and its powers, and the various faculties which it possesses. It is a subject of great importance, and one which has attracted the attention of philosophers and scientists for many centuries. The fifth lecture is on the subject of the human body, and its various parts, and the functions which they perform. It is a subject of great importance, and one which has attracted the attention of philosophers and scientists for many centuries. The sixth lecture is on the subject of the human soul, and its various faculties, and the functions which they perform. It is a subject of great importance, and one which has attracted the attention of philosophers and scientists for many centuries. The seventh lecture is on the subject of the human mind, and its powers, and the various faculties which it possesses. It is a subject of great importance, and one which has attracted the attention of philosophers and scientists for many centuries. The eighth lecture is on the subject of the human body, and its various parts, and the functions which they perform. It is a subject of great importance, and one which has attracted the attention of philosophers and scientists for many centuries. The ninth lecture is on the subject of the human soul, and its various faculties, and the functions which they perform. It is a subject of great importance, and one which has attracted the attention of philosophers and scientists for many centuries. The tenth lecture is on the subject of the human mind, and its powers, and the various faculties which it possesses. It is a subject of great importance, and one which has attracted the attention of philosophers and scientists for many centuries.

+ rough construction & exhibits suddenly from
a master, a temperate - -

of local is long, more west, as in the
the lower half of the ...

x ¹/₂ of the volume of the tree is in the water

+ The 2^d bottle was left at the bottom of the well —

if we pass the time so that the water is so much
so that the water is so much so that the water is so much
so that the water is so much so that the water is so much

The first is a small, white, round, smooth, and hard tumor, which is found in the skin of the face, neck, and chest. It is composed of a mass of small, round, and hard cells, which are arranged in a regular, and somewhat concentric, manner. The tumor is usually found in the skin of the face, neck, and chest, and is often found in the skin of the face, neck, and chest. It is usually found in the skin of the face, neck, and chest, and is often found in the skin of the face, neck, and chest.

+ cough. In weather it opens at times & -
coughs, - and if the patient walk about causes
a pain in the back from ^{the} weight of the

Disinfectant. No inconvenience result to the patient
 will ensue from the use of this disinfectant
 as it is believed to be the most powerful and
 most useful with the least objectionable odor
 to the patient. The first of these is that
 of ~~disinfectant~~ ^{disinfection} is a small one, and the use of the same
 will not be a great one. The second is that
 it does not require a special solution for its use, but is
 used in the same way as the other disinfectants.
 The third is that it is a small one, and the use of the same
 will not be a great one. The fourth is that it is a small one,
 and the use of the same will not be a great one. The fifth is
 that it is a small one, and the use of the same will not be a great one.
 The sixth is that it is a small one, and the use of the same will not be a great one.
 The seventh is that it is a small one, and the use of the same will not be a great one.
 The eighth is that it is a small one, and the use of the same will not be a great one.
 The ninth is that it is a small one, and the use of the same will not be a great one.
 The tenth is that it is a small one, and the use of the same will not be a great one.
 The eleventh is that it is a small one, and the use of the same will not be a great one.
 The twelfth is that it is a small one, and the use of the same will not be a great one.
 The thirteenth is that it is a small one, and the use of the same will not be a great one.
 The fourteenth is that it is a small one, and the use of the same will not be a great one.
 The fifteenth is that it is a small one, and the use of the same will not be a great one.
 The sixteenth is that it is a small one, and the use of the same will not be a great one.
 The seventeenth is that it is a small one, and the use of the same will not be a great one.
 The eighteenth is that it is a small one, and the use of the same will not be a great one.
 The nineteenth is that it is a small one, and the use of the same will not be a great one.
 The twentieth is that it is a small one, and the use of the same will not be a great one.

The object of this union is to effect an union
of the various nations of the world
to be --

[illegible]

+ Direct this other processes direct in connection
of the uterus & sometimes in connection

x need these cannot be opened in direct view of
tunica vaginalis---

+ If it run very high B.S. may be proper -

Off
The scrotum at the end of three or four
days will have a bright blush and
feel tense and tender to the touch.

If the inflammation be very great
a poultice of bread & milk should be
applied.

* After four or five days suppuration will
have taken place.

[illegible]



evacuated, the water is brought into contact again
 return to his place, & the cure is completed. The
 founder of this operation several times, and believe
 it the best mode of curing the complaint. I now
 have seen the operation of injecting with wine.
 The instruments are a trochar which consists of a tube
 more or less three inches long, with a small canula
 at the end of it, in this tube is a siphon, projecting
 one length of an inch beyond the end of the
 trochar with a bladder or an elastic bag fixed
 to the end of it, for containing the injection. The
 patient is seated on the edge of a chair and directed
 to grasp the bottom of it with his hands, because, if
 he were to stand he would be apt to disturb the
 operation. He is fixed in this manner, so that he
 cannot move the edge of the chair, the trochar is
 inserted and causes a tumour of the part, and the
 water is poured in to make it more certain
 to penetrate the trochar. As the instrument
 penetrates the cavity, the siphon is withdrawn
 and the canula is pushed further into the cavity, &
 the trochar is agitated & pulled off, the end
 of the tube which would prevent the water from
 entering. When the water is drawn off an injection of spirit
 is thrown in, retained a short time & then
 is drawn out. The wound is closed with a hemi-
 circle, the operation is suspended & the Patient put
 to bed. — Care must be had to keep the canula

† 1766 locum habet - proinde et in hoc loco et in testis.

... the ...
... while ...
... white ...
... and ...
... would ...
... me ...
... it ...
... would ...
... to ...
... is ...
... it ...
... as ...
... but ...
... was ...
... as ...
... at ...
... with ...
... the ...
... her ...
... it ...
... she ...
... when ...
... the ...
... the ...
... the ...

+ I have some one of the side of a common
piece situated at the basis of the tongue -
they are found in the salivary duct.

x and ~~the~~ The quantity of mucus in the nose
in different persons and it is greater at one
time than another in the same person.

+ Circumstances which dispose the body to
formation of stone.

+ ... it most ... in the
kidneys ... into the
bloodstream - ... this is not always the case -
+ from ... to ...

+ ... has observed ... stones
to ... quite ... words

* ... pain, the ... are violent

x of
barley water & endeavor to pass the stones by
urine - ... this repeatedly -
If this does not succeed the pain becomes worse

+ The talent comes very much -

x they do not prove it unequivocally

9. This case I suspect there was an error at the end
of the list -

+ Strong alkaline solutions are said to dissolve
stones out of the bladder - & hence have been advised
for the cure of stone -

* Medicines have likewise been advised to be injected
into the bladder to dissolve the stone -

^ Warm Bath -

* The set should be checked in place and
all openings, or cemented to keep in place - 18th 12

+ The skin is covered with the hair and
of the skin is about a 1/2 inch thick - the
tends to express the hair of the operation very
much - 18th 12

usually I sound it just till it comes to the lower
 part of the urethra and then suddenly stop,
 as force should be used to gain an entrance, but it
 would be forced out of the urethra into the soft parts.
 To avoid this I hold in my hand a wire of the same
 instrument as to be inserted under the urethra and
 in such a manner that it shall receive a
 canal. I have since found the concave side of the
 urethra to be the bladder, and proceed in that direction
 as for its introduction, which others at times do
 under the urethra. This is altogether from
 prejudice, because this has been used to no effect
 in any case. - The way in which the silk
 catheter is introduced is so similar to the introduction
 of the sound that I shall not take any more time in
 describing it. I make it of introduction, the catheter is
 inserted in the urethra at the bladder then I make
 directions; if you do not feel the stone pass it further up
 into the bladder; if it is not yet felt cause the Patient
 to change his situation. Frequently when the stone
 is in the urethra, by placing the Patient on his
 hands and knees it has been dislodged. Just before the
 distance is fairly ascertained the operation may be
 performed. Before the operation the Patient should
 abstain from food about two weeks before the day before
 the operation take a dose of castor oil to open his
 bowels. About an hour before the operation a mixture of
 opium & camellia oil. Some I have chosen to employ the stone
 and the operation is not more than a minute to insert the
 catheter, & should not be more than a minute to insert the
 catheter.



[illegible]

+ an injection pipe should be fitted to the end of
the syringe to introduce through the wound
of warm barley water well steamed used
to wash out the bladder - 1811-12

small pieces are broken
 If it may readily be seen the
 tissue. A suture has been found at the
 in the tissue, the bladder. Small pieces of stone,
 the introduction of through a small incision
 from within into the bladder, which will wash away
 the stones. It is necessary to be careful of the
 force.

in the girth may go to the bladder. in account of the
 with the instrument will be brought to the reason was
 the point of the instrument is not well, because
 the cut is not so deep as it is on account
 of the leak. When the stone is removed, the
 the leak under behind. When the stone is removed,
 the leak is not so deep as it is on account

act. The stone is not so deep as it is on account
 of the leak. When the stone is removed, the
 the leak is not so deep as it is on account
 of the leak. When the stone is removed, the
 the leak is not so deep as it is on account

forming an acute angle. The stone is not
 so deep as it is on account of the leak. When
 the stone is removed, the leak is not so deep
 as it is on account of the leak. When the stone
 is removed, the leak is not so deep as it is on
 account of the leak.

^ the right side ^{toward} ~~over~~ the right groin

x carrying the incision about midway ^{between} ~~from~~
the rectum & tuberosity of the ischium
so as to avoid wounding the rectum - 1811-12

[illegible]

+ Not unequal as you are about to push in the
gorget in. el. then, they are seized with a strong
fil - the diaphragm and abdominal muscles
press the vessels of the abdomen in the lumen
of the bladder & forcing it on to the neck of
the bladder it is pushed in the gorget & being
this strong force will now continue up
the penis of the bladder. If it come on
after you have divided the neck & the urine
evacuated it will be safest to withdraw the
gorget -

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[illegible]

The question of the cure is much more
in females. I don't have decided to introduce
it into the bladder, and then with a catheter
to draw it out from the urethra, and in fact
to draw it out from the urethra. I have
sometimes tried this, and it is not
very successful. The operation is, I suppose,
not the same as in males, well. I suppose
the same.

of the *Salix* much we had never
seen to *Sparganium* but be much
increased —

+ the *Juniperus* *horizontalis* —

Lecture 2nd

The first thing I observed in the case of the patient was a swelling of the joint, which was accompanied by a great deal of pain. The patient was unable to move the joint, and the swelling was very much increased by the application of heat. The patient was also very much distressed by the pain, and the swelling was very much increased by the application of heat. The patient was also very much distressed by the pain, and the swelling was very much increased by the application of heat. The patient was also very much distressed by the pain, and the swelling was very much increased by the application of heat.

The pain in the joint was very much increased by the application of heat. The patient was also very much distressed by the pain, and the swelling was very much increased by the application of heat. The patient was also very much distressed by the pain, and the swelling was very much increased by the application of heat. The patient was also very much distressed by the pain, and the swelling was very much increased by the application of heat.





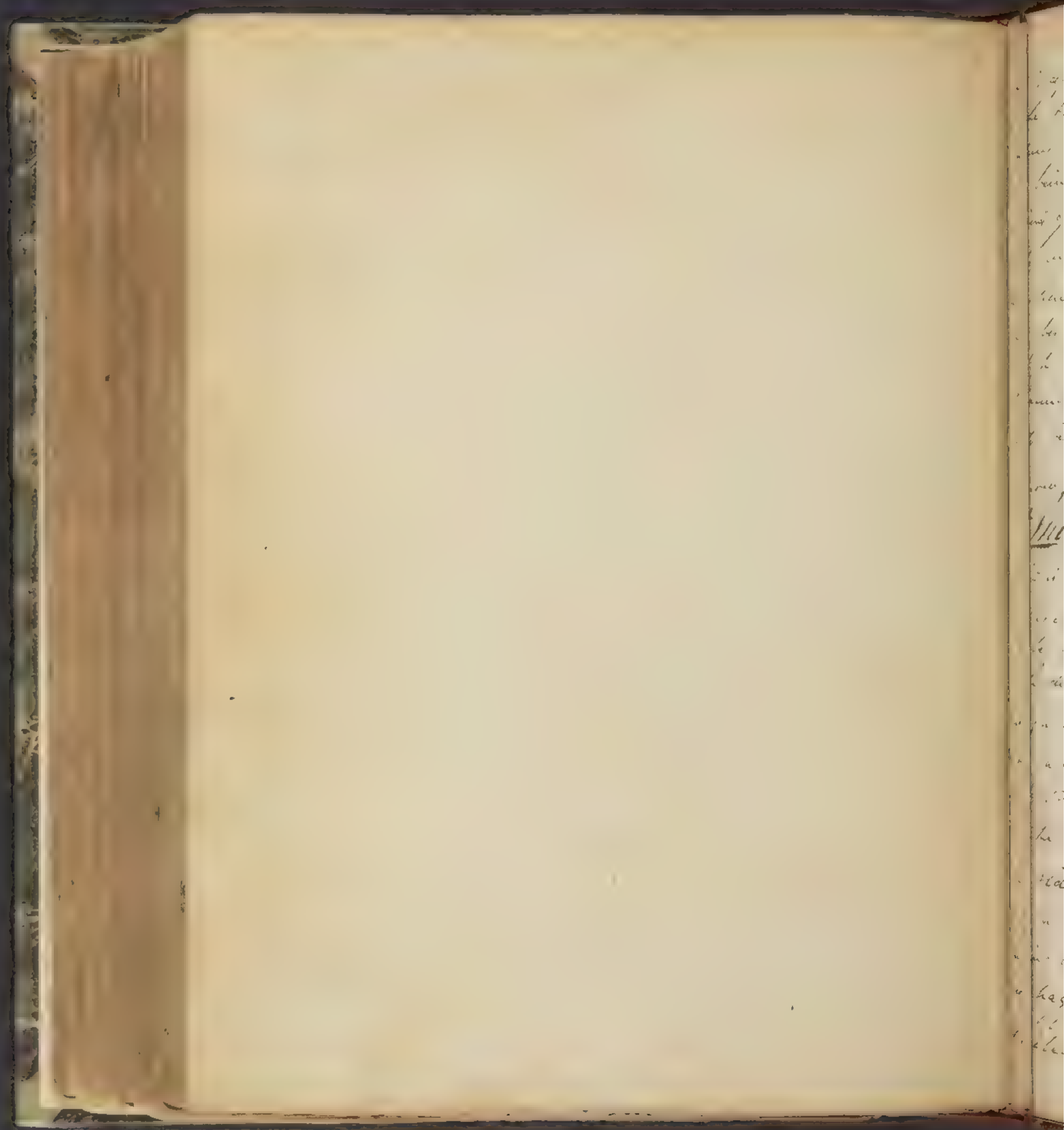
[illegible]



It is effective & common, can be fingered, & the
 assistant secures the tourniquet
 by which it can tell as soon as it is tied. It is
 the injury is done, can be done, the surgeon has
 a choice where to make a wound. It is a patient's
 wish to have the appearance of the leg,
 go in company and can be made to see an artificial
 leg it may be to operate as in below; it is as con-
 venient. But if it is a poor man who has to undergo
 such a thing, he can but ill afford an artificial leg and
 would have the operation performed just below the knee.
 He can then bend his knee and bear his weight on
 a stump naturally formed without much inconvenience
 from the projecting stump, which would be greatly in the
 way was the leg taken off at the ankle. The inconvenience
 arising from a stump projecting so far behind is so great
 that a person subjected to it, underwent a second am-
 putation to get rid of it. In proceeding to operate, let an
 assistant first draw up the skin, then take the straight
 knife, and make an incision round the leg. It is not
 necessary this should be made all at one stroke as some
 persons advise. I have seen the surgeon place himself
 in such a posture to make the incision all round at
 one stroke, that I was really afraid he would cut
 his neck off; which, might have been done
 by the least slip, as the floor was covered to catch the
 blood. Some surgeons advise to make the incision



straight to the bone, but I would advise it to be made
 obliquely so that the point of the back part of the
 bone comes in contact with the skin of the bone
 and completely cover the end of the bone. If the
 bone have cut round, though it is often cellular
 substance divides the integument over the muscle,
 and then back. If this cannot be done, the muscle be
 drawn back, and then divide the muscle down to the
 bone. This done take the catgut and divide the integument
 and muscle, and lay the middle strip of the
 director between the bone to draw back the soft parts, then
 as it is done. Some advise to divide the bone so as to cut
 the bone as well. It is often inconvenient, however,
 to divide the bone first and then the integument. It is necessary,
 however, to divide the bone with the saw, else the integument
 will not be drawn out. In the case of a wound the muscle with a saw
 and then search for the principal artery which
 must be drawn out with the aneurism and secured by a
 ligature. After the principal artery and vein it can be
 an are tied, the tourniquet is used to see if any
 of the other arteries bleed. If any more be found
 on the back of the Patient have a little wine and water
 to drink, to excite the circulation and expose a little the veins
 appear that will bleed. When all are secured much blood
 and the clots of blood, and draw down the integument over
 the end of the bone and wrap a bandage round the stump
 to prevent the contraction of the muscle. Secure the edges
 of the wound in contact by means of s.p. Before the
 s.p. is applied the arteries are to be brought in as the
 veins of the wound. A piece of ^{int}mate spread with





Operation. The incision is made in a line a little above the umbilicus, & such a degree, that an operation becomes necessary. The operation is performed between the incision & the cord cartilages.

First make an longitudinal incision down to the subcutaneous layer, and then incise the branches with the point of the knife, and introduce a silver canula, which is to be secured in its situation by means of tapes, & tied through the holes in the band. The canula and wound the more the patient. This is a very easy and safe operation; no vessels run in the way to cause hæmorrhage.

Case. This is a collection of water with in the cavity of the left; in which it is sometimes necessary to perform an operation rather dangerous. The situation is generally, supposed as the left side about half way between the inferior antero-inferior process of the navel. The right side is preserved for the purpose of avoiding the liver. The abdominal cavity is injured. The operation wounded the epigastric artery & the patient was supposed to die of hæmorrhage, but was recovered, because it was not done down to the bleeding vessel and secured it. After making this supposition in making out the side, he therefore proposed to make

+ two inches below the nose on the linea alba - 18" 12

+ five inches from the nose on the linea alba - 18" 12

The opening, about ¹/₂ way between the os pubis &
 navel. Notwithstanding, the tediousness, and that it
 is perforated, however, contrary it may seem to theory, being
 as well as any other part. This operation is generally
 performed with a trochar, the stylet of which, some
 Surgeons have made flat. This must be very incon-
 venient and require a good deal of force to push the
 cannula into the belly; others have the stylet ~~thick~~ ^{thinner}, and
 it is of the greatest consequence to ascertain whether the
 tumor, be really a collection of water or not. If the tumor
 contain water it may generally be told by the fluctu-
 ation. An Army who had been several times, affected
 by ascites, believed himself to be afflicted with a return
 of the complaint, and applied to a Surgeon for relief.
 On seeing the scars, formed in the trochar in the
 same place, but to his great astonishment no water
 followed, he about three days ago died, and examina-
 tion traced the wound into the ^{liver} lodged in the right
 of the foramen. I generally perform this with a common
 lancet, which answers very well, and instead of a trochar
 introduce a large female catheter, the wound cured
 which will be more easy, and it is better to be stopped
 by the catheter coming in contact with the ori-
 fice which is in the side of the catheter, but, in the
 case of the cannula, and will allow the water to flow
 without interruption. The Patient sometimes while
 the water is flowing or just after it is evacuated

+ And in his course over the river -

+ and are attended with no sound or sense
of the earth -

+ And may occur in the water as in the bottom of
the sea, and in the air.

faints. He should have some wine and water
 given him & a degree of pressure made on the
 stomach; to keep up some of the pressure that
 existed before. After the water is all drawn off
 with ease, the catheter, and bring the edges of the
 wound in contact by suture. This done pass a roller
 round the belly for its support.

Article 24th

4 Anæmia. An anæmia is a morbid dilata-
 tion of the heart or of some part of the arterial system.

Anæmias are divided into true and false. The true
 is such as already described. The false such as occur
 from accident independent of any disease in the artery.

It is more common in the true anæmia.

There is a greater tendency at one time to anæmias
 in the arteries. ~~the~~ ^{but} one mostly confined to one
 part of the arterial system only, which, yielding to the
 momentum of the blood grows weaker and weaker and at last
 ruptures. The proximate cause of anæmia is a disproportion
 between the momentum of the blood and the power of the
 artery. The remote causes of anæmias we know not
 well, excessive drinking & ardent spirits is said to be one

+ I have been in fact numerous in
the last edition --

x The circumstance which I was the first to
have seen is a general statement, and
it is not necessary to state the
so much to rest the matter of the right

words, it has been suggested by some that it is
 better to be understood in answer to the
 question, "What is the meaning of the word?"
 than to be misunderstood in answer to the
 question, "What is the meaning of the word?"
 The answer to the first question is, "It is the
 word which is used to denote the object of
 the thought." The answer to the second
 question is, "It is the word which is used
 to denote the object of the thought." The
 answer to the third question is, "It is the
 word which is used to denote the object of
 the thought." The answer to the fourth
 question is, "It is the word which is used
 to denote the object of the thought." The
 answer to the fifth question is, "It is the
 word which is used to denote the object of
 the thought." The answer to the sixth
 question is, "It is the word which is used
 to denote the object of the thought." The
 answer to the seventh question is, "It is
 the word which is used to denote the object
 of the thought." The answer to the eighth
 question is, "It is the word which is used
 to denote the object of the thought." The
 answer to the ninth question is, "It is
 the word which is used to denote the object
 of the thought." The answer to the tenth
 question is, "It is the word which is used
 to denote the object of the thought."

^ Because the stroke of the heart has to be continued
up to the finger through the coagula

x But when we can place the finger behind
it so as to be ---

^ for when a tumor is situated on an artery
we are sensible of the whole body moving

+ Because the impetus of the blood as the
artery dilates is divided over a larger
surface ---

The blood may be much increased within the
 arteries, and the pressure on the walls of the tubes
 is increased. The blood is not so pure as
 before, the blood contained in the arteries, being
 more pure than the blood in the veins, and the
 blood in the veins is more pure than the blood
 in the arteries. The blood in the veins is
 more pure than the blood in the arteries, and
 the blood in the arteries is more pure than
 the blood in the veins. The blood in the
 arteries is more pure than the blood in the
 veins, and the blood in the veins is more
 pure than the blood in the arteries. The
 blood in the arteries is more pure than
 the blood in the veins, and the blood in
 the veins is more pure than the blood in
 the arteries. The blood in the arteries is
 more pure than the blood in the veins, and
 the blood in the veins is more pure than
 the blood in the arteries. The blood in
 the arteries is more pure than the blood
 in the veins, and the blood in the veins
 is more pure than the blood in the arteries.

+ rest & a low diet are also necessary -

x and are said to have for the best effect -

+ At first there is no pain - but only a prick-
ling numb which increases till it produces pain
if he pulls the large nerves or the stretch -

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when it bursts, and the patient dies by a sudden rush
of blood. In an aneurismal sac there will be found
not a number of coagula or laminae. The
usual indication is...

Excision of aneurism is to remove it entirely
and is the best of the others. It is a very dangerous
operation. It is best performed chiefly in the following
cases. The most method of excising an aneurism is
to tie up the artery. The mode of performing this operation
in some cases was to make an incision into
the aneurismal sac, and tie the lower end of the sac
at once, the upper part of the thigh and after dis-
section, the blood to tie up the artery above the
incision. This is generally unsafe, on account of
the diseased state of the artery, which would be
likely to burst at the place where it was tied. It
was the first of the operation proposed to tie up the artery
below the sac between the knee and the insertion of
the artery, the lower to avoid the lower artery,
which is usually removed from the diseased and or-
gic part of the artery, which would not allow the
blood to flow. The first will be completed by the
artery giving branches. It is however sometimes the case
that these are not sufficient, for the reason that the
artery and multiplication vessels, thus being not
sufficient to supply the deficiency in the size or num-
ber of the arterial branches, but, to the temporary
and imperfect of the arterial structure the circulation.

A line of ...
range ...

I saw one case of this kind but I suspect ^{that} was
 owing to the tumor preventing the circulation in the
 anastomosing branches. In proceeding to perform
 the operation first make a transverse incision on the inner
 part of the thigh, but not till showing the artery to
 which then make the incision about four inches in
 length, beginning in the course of the artery, and
 to the sartorius muscle and upper bone. The lower edge
 of it. It is necessary to pay particular attention to this;
 if you get above the sartorius muscle you are
 liable to the vein and not find the artery. After
 we have dissected through the skin and cellular mem-
 brance, feel with your finger for the pulsation of the
 artery. It is best to cut the middle of the tube for
 exposing the artery so there is a small number of
 anastomosing branches which would be liable to wound
 in the middle of the scar. There is a ^{thin} ~~thin~~
 peria ~~vein~~ you come to the artery through a ~~vein~~
 must watch with the point of the knife. After
 the artery is brought into view it may either be to
 the sup. or passing over a ligature round it by one or
 the other side; or a small ^{artery} ~~artery~~ arises from
 passing a couple round it at about half an inch
 distance from each other, and then separate the artery
 between the ligatures by which means he says the
 artery comes away sooner. The artery is said to take
 from tension. When the ends recede three fourths
 of an inch from each other when divided. In which



+ As steady pressure in the tumor for some
time the sac will be emptied of its
blood & then by removing the pressure
* caused by the blood rushing into the sac

1811 12

The varicose vein is - there are two kinds, but the
 bleeding, from wounds in the artery. One occurs from
 bleeding, in consequence of the lancet penetrating the
 vein into the cavity of the artery & letting the blood flow from
 the artery into the vein: this is what is called varicose
hemorrhage. It may be told by the pulsing sensation which
 is sometimes distinguishable. It is more noise may be heard
 in listening to the ear near the site of the wound. Sometimes the two in-
 juries do not correspond exactly with each other, and the
 blood instead of flowing into the vein escapes into the cellular
 substance & forms a true aneurismal pouch communicating
 with both the artery and vein; causing great pain
 to the patient and if a operation is not performed the vein
 grows tense and then bursts, & stops away bleeding
 & drawing the patient into real danger.
 The aneurismal aneurism is free from danger if the artery
 is not injured. It should be removed. If the only vein injured
 is the vein it is a little deformity caused by the exit of
 blood from the vein at that place. It is when the blood
 escapes into the cellular substance and is shut in between
 the artery and vein & would both be removed at
 the same time. Though the aneurismal aneurism
 is dangerous it is not cured, not some. The
 modifications are -

+ provides direct, bearing down points &--

+ but if it be incomplete he will be unable to feel
the probe. Sometimes the abscess is small, usually
along a rib and is easily cured --

Lecture 25th

1st I wish to inform you that the woman I called on a case of
 hemorrhoids is a very interesting case. It is a case of
 hemorrhoids of the internal kind, and is caused
 by inflammation. The hemorrhoids are greatly increased
 in size & number since I first saw her in the
 hospital. When it arrives at as
 near a crisis as it generally does, in this situation
 being an abscess and passing on, either external
 or into the rectum, or both. If it communicates with
 the rectum it is called internal fistula. If it com-
 municates both externally and with the rectum it is cal-
 led complete fistula. But if it communicates with the
 rectum only it is called internal fistula or occu-
 laria. We examine well the state of the parts, the
 patient should lie on a table and the surgeon should
 if possible well oiled should introduce it into the rectum
 and insert a probe into the abscess if we can feel
 the probe the fistula is complete. Then the
 side of the rectum is separated and detached
 to a very great extent, rising even to the
 level of the pelvis. The causes which occasion these
 diseases are such as occasion inflammation in any
 other part of the body. We should examine well

+ When we are consulted by a patient for pain situated in the region of the anus - However disagreeable it may be to the patient or Surgeon we should always examine into the real nature of the complaint. When inflammation and swelling are found --

+ These remedies are in general sufficient to ^{remove} ~~prevent~~ stranguery - when not the

+ In all cases where there is a collection of matter we should make an opening into the most prominent part. & not wait for it to open naturally.

+ and prevents its healing and ^{next} in addition to this

^ The Patient thinks himself getting well
but his hopes are soon disappointed

x " will be discharged in that way. But

which renders it difficult to perform a cure without
a surgical operation.

1st When the fistula is incomplete the for-
mation of pus keeps its sides distended ~~xxxx~~ ~~xxxx~~ the re-
traction of its sides prevents its healing. In the evening
I wash so that the pus cannot readily flow out, it
collects in the cavity and the inflammation cannot
be in contact.

2nd The inflammation cannot be removed from the
bottom of the fistula by simply closing up the mouth ^{for} ~~mouth~~
as the pus will either to force its way out again or to
abscess and open.

3rd When the fistula is complete, pus passes into the
hemorrhoid and are passed through but at the sphincter muscle
it stops ^{except} ~~except~~ the matter makes its way into the rectum &
it will frequently be obstructed in the lacuna. The yolk
of an egg ^{is} ~~is~~ the character of this mass downwards
and when the patient goes to stool ~~the~~ ^{the} feces will come
on the surface. but I have seen cases where the matter
passed upward into the rectum and whenever feces
were voided would go into the abscess and dis-
turb it very much, causing great distress to the Patient.

4th When nature is unequal to the cure without the
assistance of a surgeon.

1st When the cavity is on one side & the sphincter and
the patient goes to stool the contraction of that muscle will
draw the detached side from its natural situation,

+ without protruding the rectum.

between in all the cases is formed, granulations and
inflammation in the

2nd another indication to the cure is, when the patient
has to stool the gut is immediately distended & some
indications that may have taken place in the contracted
state are destroyed. It is to this cure the small por-
tion of mind is given which appears to be stool.

3rd When owing to some cause the action of the
intestine has been prevented for some time the patient is
very restless - as was before explained & such a disorder,
happens.

6th The practice of introducing substances into the
rectum as stoppers in gut is highly called for as we
know, within the doctrine -

7th When the extent of the distention is caused a con-
siderable way into the pelvis and even to the upper
part of the ^{accompanied by the cases} brain, nature returns & sends a cure & even
the last of the less dangerous is often tried. -

8th The general health of the patient. This should
be attended to as it will assist in the cure.

The operation on the distention in any case is in dis-
cussion for opinion and determine ^{Because 1st is in cuta} ~~the~~ ^{2nd is in cuta} ~~the~~ ^{3rd is in cuta}
the action as to injure the granulations, and
how can we add to the inflammation.

+ the object has been to show the principles on
which the healing is effected --

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particular manner of the hand, this is done
'wound' admission to reach $\frac{1}{2}$ in. + 1/2 in. I shall
shall make some remarks on the mode of operation.

When the fistula is complete the Patient is to lie
on a table but the finger after which the finger
is introduced into the sinus, and is introduced
into the fistulous cavity till it comes
in contact with the finger; draw away both lin-
ger and fistula to it, and the liston, draw
all the parts between the upper opening (which
is now inserted into the rectum) and the entrance
of the rectum. It divides the sphincter & sec-
tion from its upper communication to its entrance.

In the introduction of the liston the Patient will
feel considerable pain from the edge of the instru-
ment cutting as it is inserted. To remedy this
have a silver cap which goes in the point of the
intromittent and extends along one side to the handle
it is a little wider than the blade which reaches
to the edge. While the liston is introduced, by
the little knob at the end of the cap it falls
back the edge exposed. Another method when
a silver cap is not at hand, is to place a piece
of wax or tallow on the edge, this should be
enough to reach to the end of the handle so that
when the liston is introduced, we can draw



away the linen and then divide the parts. This mode answers extremely well. Sometimes the opening into the rectum is so low down that we can pass a director from the abscess into the rectum and out at the anus; in this case the part may be divided by a scalpel. But where the fistula is so high up, that, to divide the parts with a history might endanger the anus, we should pass a ligature through it, draw it out at the anus and tie it. Long is not a tight as to occasion great pain. This will make the sacro-machage and the part within the fistula will be divided by ulenerative absorption. The wound occasioned by the ligature will heal nearly as fast as the ulenerative goes on; so that by the time the ligature has cut through the wound will be nearly healed; but sometimes it does not heal so fast. —

I shall now make a few remarks on

Call-lip, which derived its name from its resemblance to the lip of that animal. It most often takes place in the upper lip and is but one step beyond; sometimes the lip is divided in two places.

These occurrences are most frequently born with

+ When this circumstance happens any food
taken into the mouth escapes at the nose
the child is unable to suck & speech is
rendered very difficult - In proceeding
the operation if a tooth should be found
projecting through the lip it must be
drawn out. or if any spicula of bone are
seen projecting they must be removed by
a pair of nippers. The operation should
never be performed while the child is
troubled with cough. It has been
advised when there is two fissures of
the lip to perform the operation for one of
them first otherwise it was supposed the
middle piece would be so much stretched
as to prevent union from taking place, or
to produce even mortification - But I have
performed the operation on both fissures
at the same time and succeeded completely.
+ If suffered to remain longer the ulceration
caused by the pins leaves a disagreeable scar.

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though they are very common from accident.
When there occurs an laceration of the surface uniting the
maxillary bones, to them is at times said to be a
stimulation owing to the wound of the skin the pressure
of the lig. It much easier to slip should be indicated in
the case. In procedure in such cases we should have a
small piece of skin, and it is the most
important, and it is a small piece of skin
looking even to the skin of the face a little
of the lower maxilla is cut out with a pair of
scissors. The piece of skin is then placed in the
hole. After the edges are to be drawn
together, the wound is closed with silk
threads. The wound is then closed with
the skin. It is a common occurrence in children's
mouths. The wound should be left in about four days, &
the wound may be withdrawn. This can be done
without making any hole in the skin with a needle, or
as the wound will heal, with the skin. The wound should
be closed when you make the skin to prevent
the wound. The wound may be left for one or two
days, and the wound is at that time it will be perfect.
The wound will be at that time to the point
of the wound. The wound is at that time.
by the discharge from the wound 1811:12

+ *Strong, in water* ---

x *From, ... the ...*
concluded ---

+ *ex ... in ...*
x *initiation ...*

Lectures.

Stricture in the Urethra.

By this term, is meant a diminution of size ca-
 cial at a particular part. When they occur in
 the urethra they most commonly happen at the
~~middle of the urethra~~ ^{bulb}; though they sometimes take
 place at the middle of the urethra & sometimes
 beyond the bulb at the membranous part. &

They are of two kinds, Spasmodic, & Permanent.
 The first effect of a stricture in the urethra
 is to decrease or stop the flow of urine, and
 sometimes the patient does not suspect any
 disease untill in the voiding of his urine
 he finds it to pass drop by drop. He will
 now make frequent trials to make water, pass-
 ing a little at a time, and ~~not~~ ^{the} ~~best~~ ^{not} ~~retaining~~ ^{retaining}
 the ~~urine~~ ^{urine} ~~in the bladder~~ ^{in the bladder} ~~for some time~~ ^{for some time} ~~and then voiding it~~ ^{and then voiding it}
 + the ~~urine~~ ^{urine} ~~existing between the bladder~~ ^{existing between the bladder}
 & ~~urethra~~ ^{urethra} stricture ~~is~~ ^{is} ~~very much in-~~ ^{very much in-}
 creased & the ~~urine~~ ^{urine} ~~part diminished~~ ^{part diminished} ~~in voiding~~ ^{in voiding}
 it affects a thin ~~urine~~ ^{urine} ~~voided~~ ^{voided} ~~the penis~~ ^{the penis}.

The stricture most commonly now appears
 in the urethra, but not always for it

At St. Lawrence, where the passage is completely closed -

+ from the same station, I saw a

is sometimes found at one side only. + The

coldest in cold weather, cold feet, & the in-
temperate use of strong drink and I had one
patient in whom it was caused by coitus. +

It is most difficult there is to ascertain the
cause is the reason that the suppuration is
usually not healed successfully, for the stric-
ture never cures

hemorrhoidal disease is sometimes the cause of it

Treatment. The permanent stricture may
be dilated in common by a bougie. Much
depends upon the preparation of bougies;
and upon their make. I in general use
waxed tinner. Pieces of pure tinner cut
in a point & dipped in pure wax & rolled
smoothly up make the best bougies. The
point must be small, but the body suffi-
ciently stiff to ~~enter~~ bear the force & neces-
sary for introducing it. The bougie may be
introduced as far as it will enter & left for
some time with its point in contact with
the stricture till the irritation has subsided
& then push it gently forward by which
means it will be frequently overcome.

Common. when a bougie is introduced

+ The modern hypothesis is that the fluid invasion
of the nose is -

x At times cases occur in which the structure
part is so closed as not to admit the point of
the nose - in such cases -

+ ^{called} ~~perforating~~ fistula in perineo - -

The patient will faint & a cold sweat
 break out over him. When the stricture is
 small it may be dilated. & we some-
 times succeed in getting a patient pass a
 bougie down to the stricture and get to
 a point of it on the stricture for the
 space of an hour ^{every day} or two. Sometimes the ca-
 nals is shown to one side making the pa-
 sages irregular; When this occurs the point
 of the bougie is to be bent to one side &
 then introduced. Sometimes the irritation
 & pressure of the urine accumulated in
 the parts causes ulceration of some of
 the parts behind the stricture forming an
 artificial opening. In such cases there
 are 2 modes of acting, either by caustic,
 or by the canal. The use of caustic
 was first used by Mr. Hunter & afterwards by
 Mr. Hume. I have used it myself in se-
 veral cases with very good effect. The
 caustic is rolled up in the end of the bougie
 & tied by a piece of fine thread. The end
 of the caustic may project a little. To pre-
 vent the caustic from burning the canal
 before it gets to the stricture a small cap

+ The definition of the author and the structure make it almost impossible to divide any other than the structured part —

A waxed linen covered in fine thread
 is laid on the end of the tube very
 well when the bougie is passed down to
 the stricture the wax may be withdrawn
 by means of the thread, — when the vacu-
 um is at the ^{or, before it} ~~mouth~~ ^{or, after it} ~~exit~~ the method, it may
 be divided by a small ~~needle~~ ^{canula} ~~or a set~~
 ver canula, when the canula is intro-
 duced to the stricture the canula may be
 pushed through it & divide it, but the
 circumstance of the curvature of the urethra
 makes it difficult to divide it, in the
 back & curved canula are used very well
 in some such cases. When the stricture is
 dilated a bougie is catheterized & must be
 introduced & kept in for several days.
 When if there be a fistula in, unless it
 will heal up in a few days — the spas-
 modic stricture to treat it by caustics is
 useless: the warm bath or a small piece
 of tobacco on the end of a bougie intro-
 duced to be in contact with the stricture
 will frequently give relief, or an anesthetic
 Glyster — ~~or~~ ^{if} ~~it~~ ^{is} ~~can~~ ^{be} ~~used~~ ⁱⁿ ~~some~~ ^{cases}
 succeed —

+ - I have sometimes seen small hard tumors
existing in the skin over the joints very
much resembling shot lodged there, and I
never yet saw an operation succeed where
these little tumors were found - The disease
always returns - 1811.12

When tumors are found in the breast if they do not yield to the antiphlogistic treatment with the use of mercury, it is best to extract them surgically. There are 2 methods of extracting them 1st by Caustic & 2nd By the knife. The last method is the best as we are not able to distinguish better between the diseased & sound parts. This may be done by an incision made directly over the middle of the breast if the integuments are sound but if ulceration, or even induration & abscess of the skin have taken place it will be necessary to make 2 incisions so that the indurated part may be embraced between them and removed.

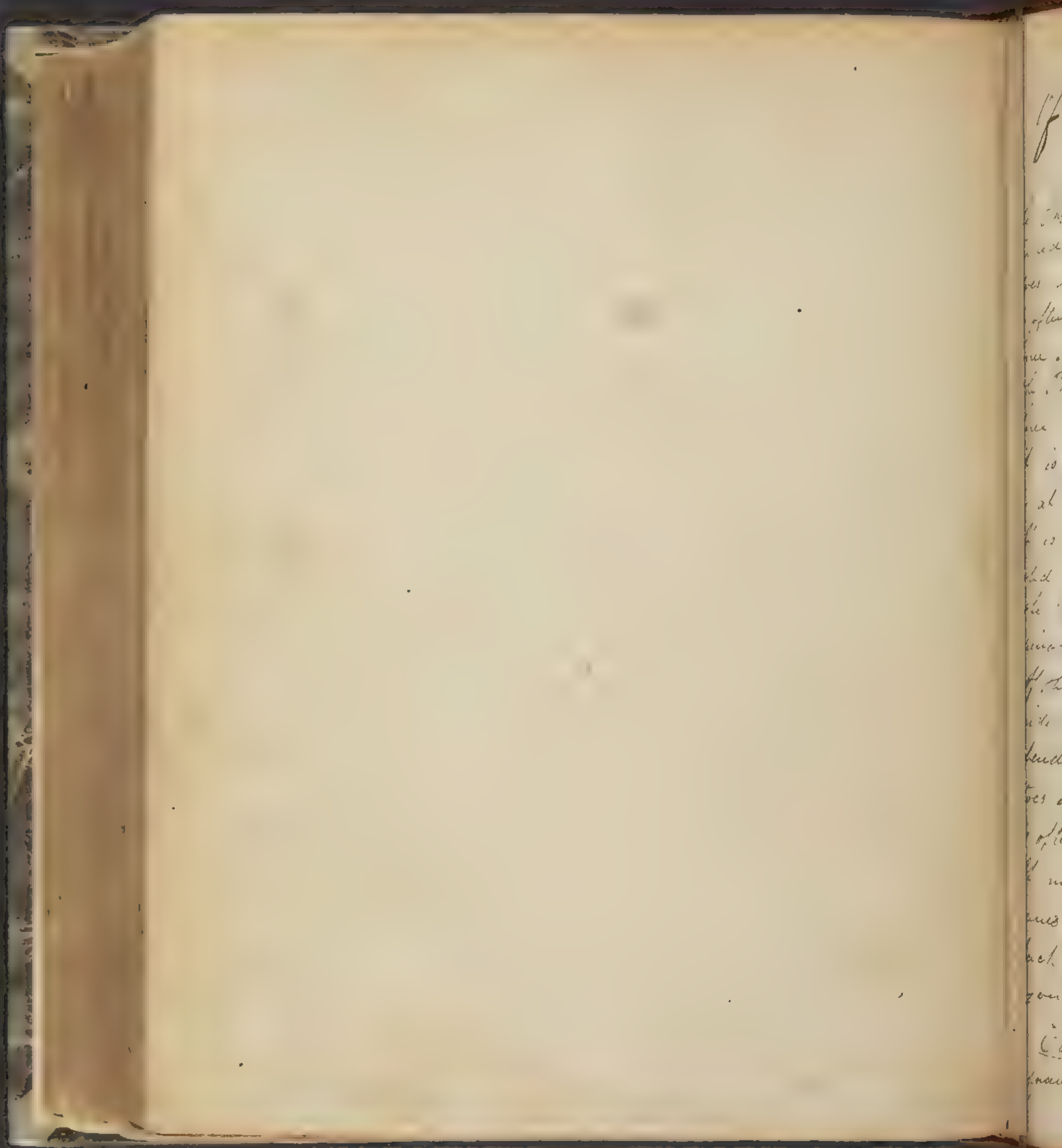
If the Glands in the axilla are affected by the tumor, we must continue the incision in the course of the lymphatics to the tumefied gland or glands in the axilla & remove the tumor ~~along~~ & the indurated lymphatics with the tumor.



It is then difficult to get at the glands,
 from this oblique situation in the apella but
 I suspect the tumor will be large with
 some thin I mean so that you will be un-
 able to put your finger above them to tie
 a ligature round which should I think be
 done before they are separated in case of
 the main vessel, & that point is often
 missed if taken out the vessel & the
 gland are to be brought in contact & secured
 in the external sheath not too man-
 ually in the first intention



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Of Abscess of the Hip-joint

The first symptom or indication of the disease is a child or patient refuses to walk or step. It is not by itself a sign of the commencement but this however does not always attend and when it is a concomitant it is often decisive, ~~often~~ occurring not in the hip but in the knee. This very frequently deceives the Parents, and often the Physician is deceived as to giving substances to the knee instead of applying them to the hip. Pain when it is an attendant is not always constant; but comes on at intervals & continues for an hour or so & then ceases. It is often worse at night. After the disease has established in some time the swelling and enlargement of the hip & a movement which takes place. The child cannot pressure or touching of the hip occasions pain. If the Patient stands up he always rests on the sound side leaning his weight on the sound limb, but bends the knee of the diseased side & would if he could rest on the floor. This disease of the hip-joint is often mistaken for some disease of the spine. It may however be readily distinguished from a cancer of the spine by trying the Patient on his back upon a table: for if ~~the~~ ^{the} hip is affected you can easily straighten the curve of the spine.

It frequently comes on without any apparent cause but often it occurs from blows on the



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to - and from jumping. After some time as the
disease progresses - we frequently find the limb consider-
ably shortened. This takes place in consequence of
the bone being pushed out of the acetabulum by
tumors forming in the socket - & the head of the
bone is drawn upwards by the action of the muscles
on the dorsum ilii. This circumstance of elevation
by means of disease in the joint has given rise to
the term spontaneous luxation. In common the
luxation is upwards and backwards but sometimes
it takes place downward & forward - from gravity
acting & the muscles being much relaxed. Sometime
later suppurative commences, & the bone is found
in a curious state. Suppuration does not however
always take place, for it has happened that a
new acetabulum has been formed which would
allow of some motion to the limb. When suppu-
ration has taken place it is attended with more
or less pain, and the matter which is formed is
discharged by one or more openings. In this
stage very frequently the Patient loses her appetite
she becomes much emaciated her countenance
becomes livid & in the evening. In the progress
of the disease the thigh dwindles away very much
becoming much smaller than natural.

* When the abscess arrives to suppuration very little can be done by the surgeon. The principal thing is to keep open the orifice by a tent or bougie. If the constitution be impaired Tonics are to be used, it is not the antiphlogistic plan must be persevered in. The inflammation attending this disease is seated in the Cartilages between the head of the femur and acetabulum. —

some cases, the bone has been removed as the
place for the head of the bone has been secured as the
restoration of bones an anchor for the socket.
The socket & head of the bone are fastened
removed & then a new one can be put in place.
I have not the figures.

Prostheses. Unfortunately we are not often
called in in the early stage of the disease. I am
fortunate, for if we were called in early the disease
might be sometimes counteracted. When called to
assist with some severe cases - first remove the
disease & then have some other day for 2 or 3 months.
The medicines for this purpose I have found to be iodo-
form, tartar. It should be given so as to produce
a evacuation daily. You would suppose that children
could not bear such a severe regimen, but experience
shows that they bear it very well. It is always necessary
to have all motion. He should be kept upon
vegetable diet. After this a warm bath may be used.
I think it is more beneficial when impregnated
with carbonate of soda or some neutral salt. I have
used it twice once or twice a week. I have men-
tioned a lameness of the hip, because it is from
this circumstance that it is needed the disease exists
in the hip. The application of caustics on the hip is
very necessary, and I have used them in many
cases and found them to be efficacious. The applica-
tion of caustic to the neck of the femur is also necessary.



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PHYSICK
—
SURGICAL
LECTURES





